

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(CT - 29) 14 - 32

CT SCAN BRAIN
PLAIN & POST CONTRAST
AXIAL IMAGES

RASHIDA BIBI 45 YEARS FEMALE

NOTE

- Large irregularly marginated fairly rounded hyperdense mass seen in the parietal region. It shows calcification with in it.
- The mass is associated with surrounding oedema.
- The mass effect is causing pressure on the body of left lateral ventricle leading to midline shift of 1.2cm towards right side.
- It shows enhancement after contrast.

Diagnosis

- Glioblastoma multiforme

D/D

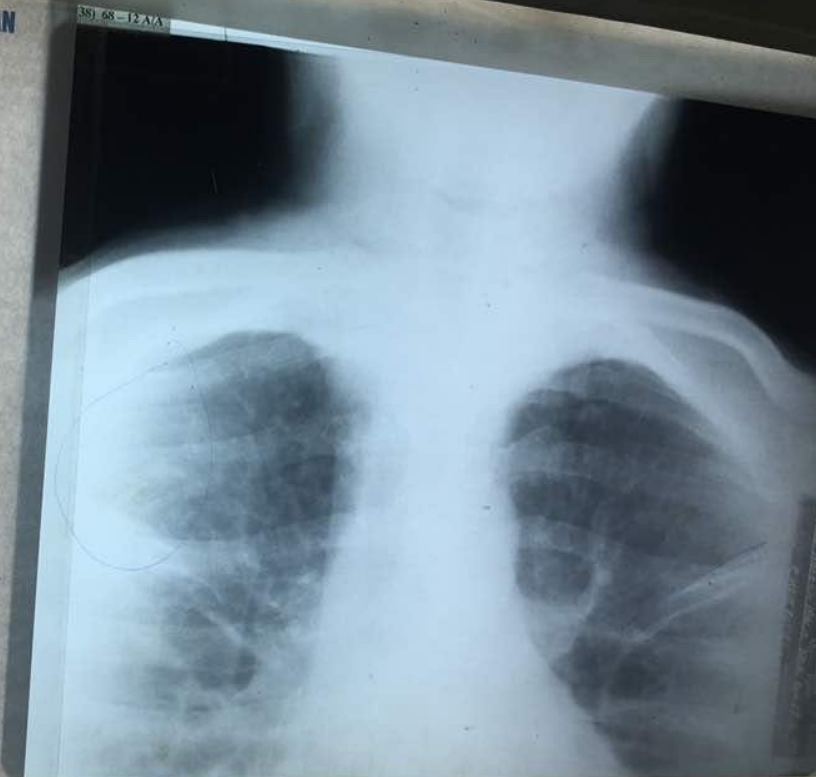
- Oligodendroglioma

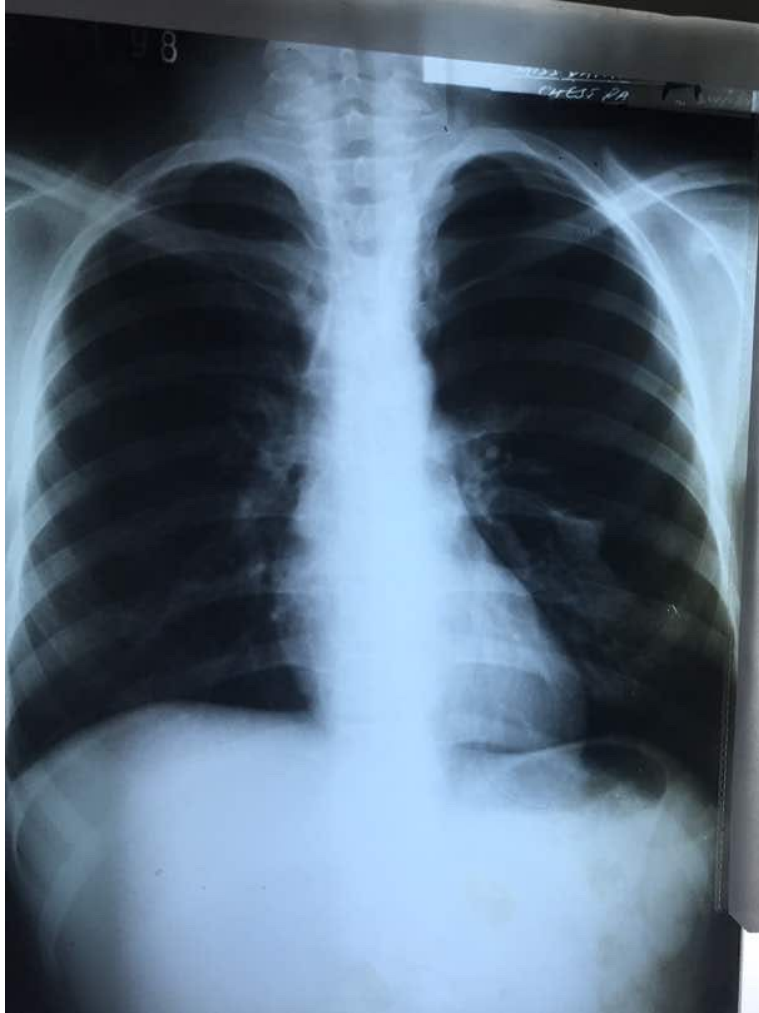
(38) 68-12

APICAL VIEW
CHEST

NOTE

- ♦ Bilateral Apical pleural thickening.
- ♦ No mass lesion or infection seen in the apical regions.
- ♦ No bony abnormality identified.





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(175) 66-73

PNEUMOTHORAX
Chest Pa View

NOTE

- Large pneumothorax is seen on the left side.
- The left lung parenchyma is pushed medially.
- No pleural effusion is seen on the left side.
- Right lung appears normal.
- No rib fracture is noted.
- Appearances are in keeping with large pneumothorax on the left side with compressed lung parenchyma.

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Faculty of Diagnostic Radiology

COLLAPSE CONSOLIDATION

CHEST PA

NOTE

- Soft shadowing seen right mid lower zone of obscuring right heart border, diaphragm and costophrenic angle.
- Right horizontal fissure is partially visualized and appear depressed.
- Prominent right hilum.
- Left costophrenic angle clear.

CONCLUSION:

- Appearances are due to collapse consolidation right middle lower lobe.



48) 15-78

CT SCAN BRAIN
WITH IV CONTRAST

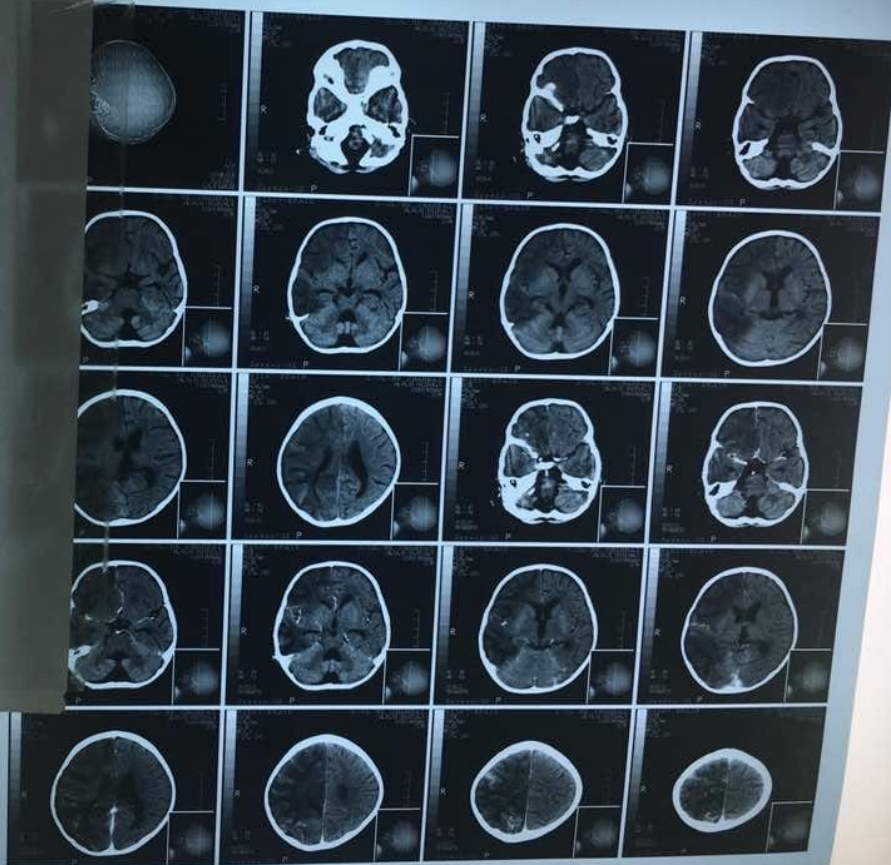
NOTE

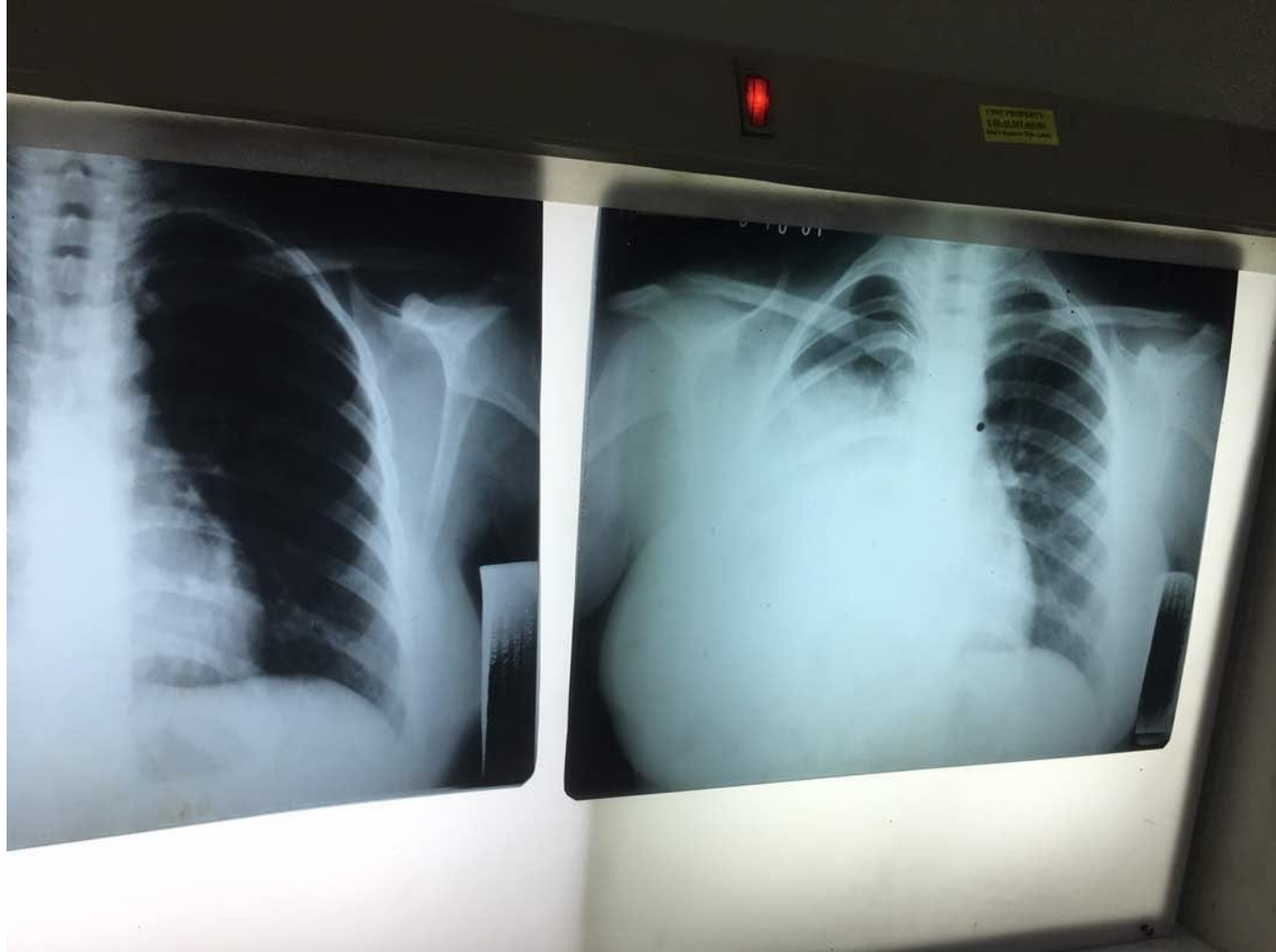
- There is diffuse decrease density seen in right cerebral hemisphere in the territory of right MCA & ACA.
- There is compression of ipsilateral lateral ventricle.
- There is also gyriform enhancement seen in occipital region.

IMPRESSION:

- Infarct of right cerebral hemisphere compressing ipsilateral hemisphere & showing gyriform enhancement.

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Faculty of Diagnostic Radiology







(201) 68 - 23

KOCH'S INFECTION

CHEST PA

MRS. SEEMA AKRAM

NOTE

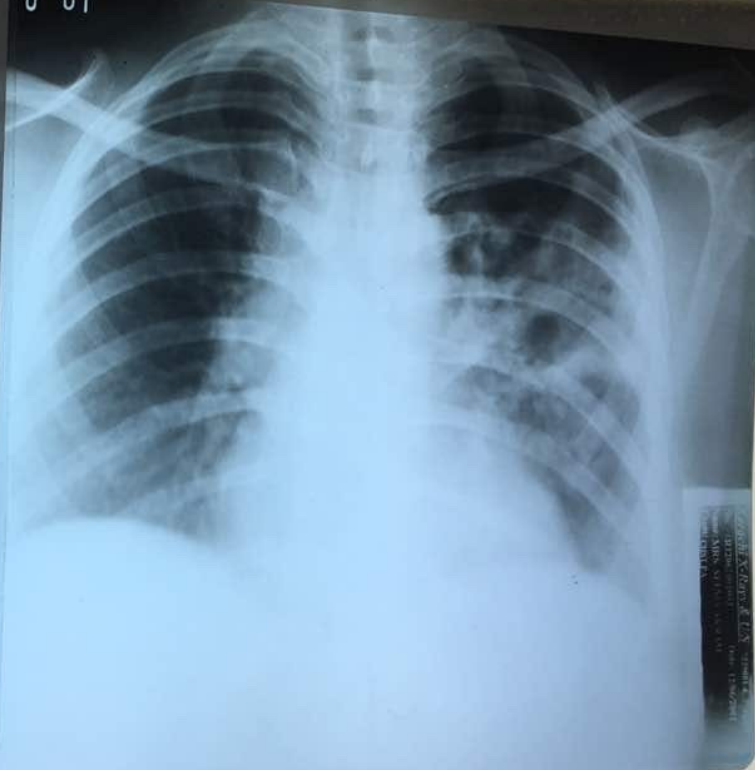
- Patchy consolidation is seen in left lung mainly in left mid zone.
- Cavity is also noted in left mid zone.
- Adenopathy is noted in right hilum and right side of mediastinum.

DIAGNOSIS

- Koch's infection left lung.
- Right hilar and mediastinal adenopathy is noted.

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PULMONARY KOCH'S
CHEST PA

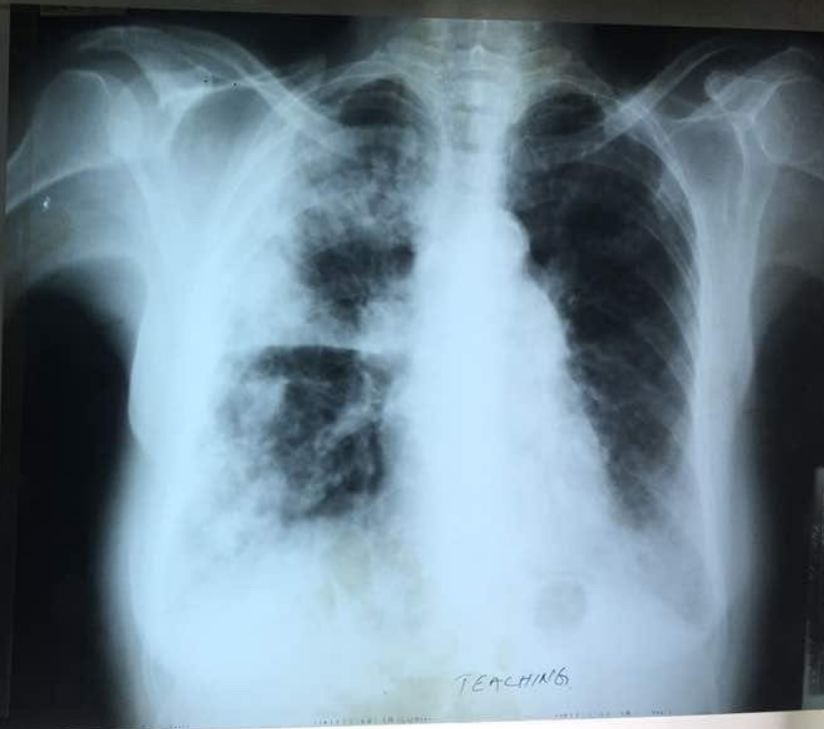
MRS. SALEHA

NOTE

- Consolidation right lung more marked right upper lobe.
- Patchy soft shadowing left lung.
- Right hilum enlarged.
- Right horizontal fissure is thickened.
- Pleural effusion right costophrenic angle.
- Rest is normal.

DIAGNOSIS:

- Pulmonary infection





(199) 68 - 32

MALIGNANT MASS RIGHT LUNG
CHEST PA

MRS. NASEEMA HABIB ULLAH

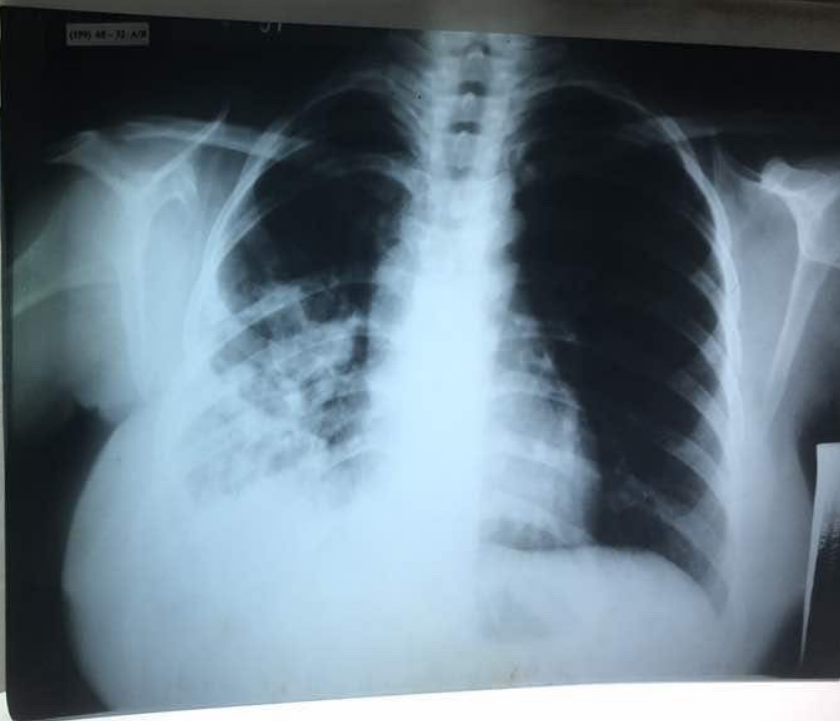
NOTE

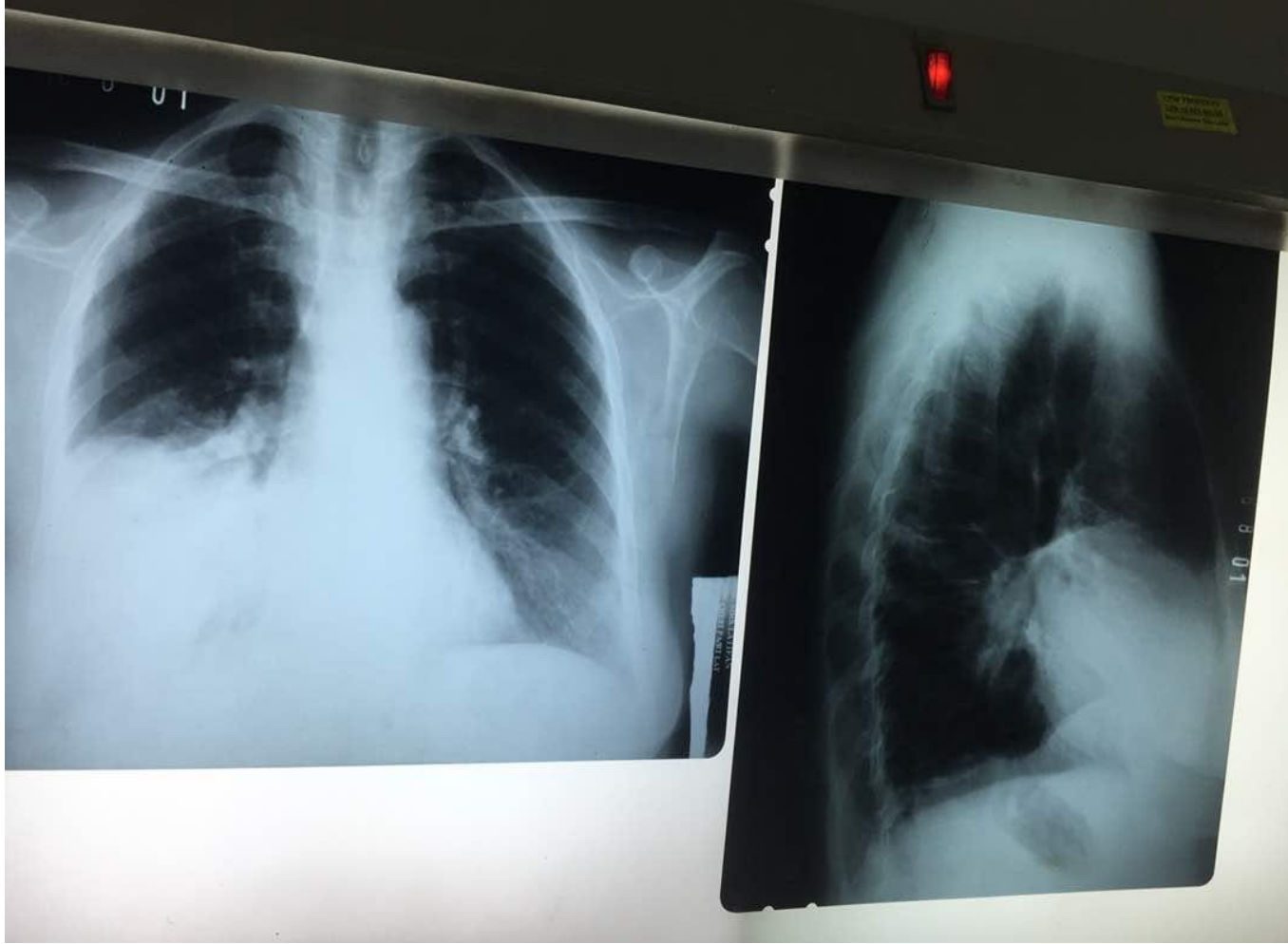
- Dense mass is seen in right lung mainly right mid-lower zone.
- Margins are ill defined.
- Destruction of right 5th rib is noted.
- Small, poorly defined opacity is seen in left mid zone.
- No adenopathy is noted in left hilum.

DIAGNOSIS

- Known case of malignancy right lung, poorly defined opacity left mid zone maybe due to secondary deposit.

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COLLEGE OF PHYSICIANS AND SURGEONS, PAK

(RT) 44-38

**EXTENSIVE MULTIPLE MYELOMA
PELVIS INCLUDING BOTH HIPS (AP)**

NOTE

- Numerous small osteolytic lesions which are scattered throughout the both femora and pelvic bones.
- Similar lesions are also seen in the lumbar spine.
- The lesions are much more marked in the iliac blades and also in the pubic bones.
- Hip and sacro iliac joints are normal.
- Appearances are in keeping with Multiple Myeloma.
- The other differential diagnosis would be secondary deposits.

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(246) 68-32

LEFT HILAR MASS
CHEST PA

HADIBUX

NOTE

- Large effusion is seen in the left pleural cavity. The effusion is occupying almost whole of left hemithorax.
- The left diaphragm is obscured due to the pleural pathology.
- The mid line structures are slightly displaced onto the right due to massive effusion on the left.
- Minimal soft shadowing is seen near the left apex and also in the right lower zone.
- There is out of sign present in the left main bronchus distally.
- Rest is normal.

DIAGNOSIS:

- Left hilar mass lesion with consolidation collapse left lung and large pleural effusion.

ADVISE

- CT scan and biopsy.



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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(238) 97-23

SARCOIDOSIS
CHEST PA

MR. AMIR NAZEER MOHAMMAD

NOTE

- Both hila are enlarged and dense.
- Margins well defined and lobulated.
- Widening seen right side of superior mediastinum.
- Thickening of horizontal fissure noted.
- Rest is normal.

DIAGNOSIS:

- Asenopathy both hila and mediastinum may be due to Koch's
- Other differential diagnosis include:
 1. Sarcoidosis
 2. Lymphomatous infiltration.

ADVICE:

- CT scan and biopsy

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CAVITATING CARCINOMA BRONCHUS
X-RAY CHEST

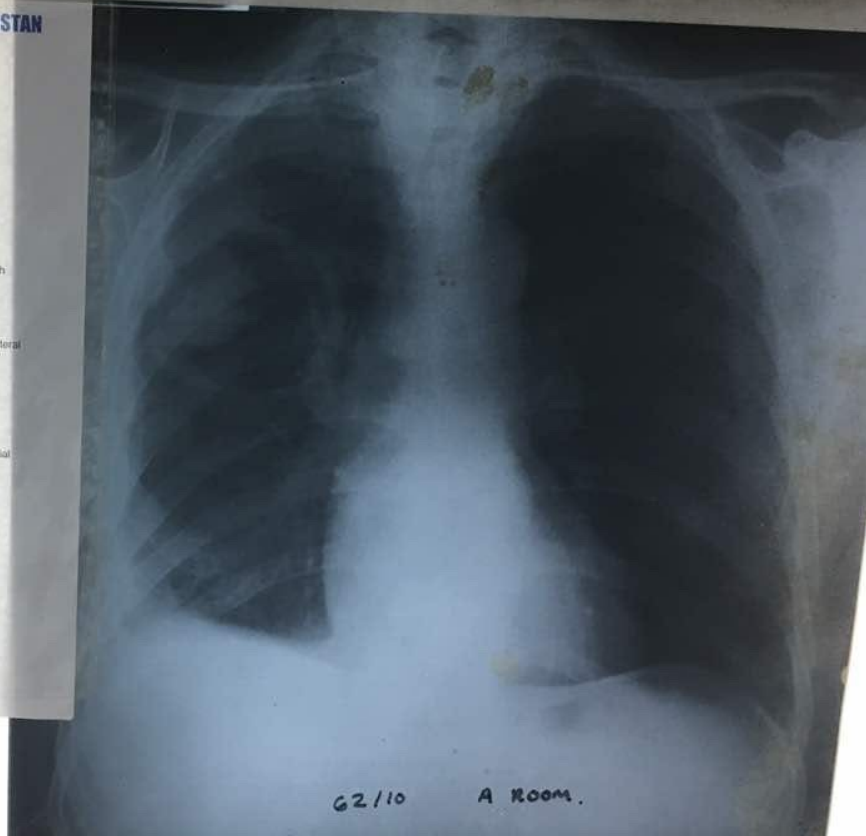
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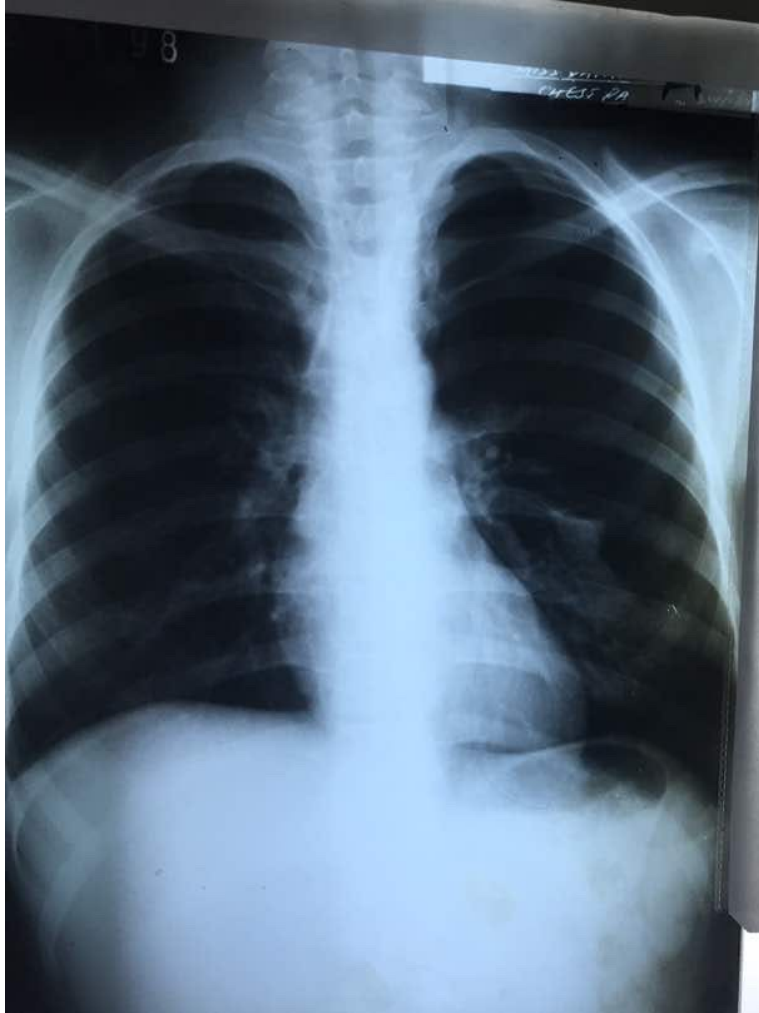
- There is a thick walled irregular margin cavity in the right upper lobe with high attenuation solid component attach to the non dependent lateral wall.
- There is no abnormal calcification or air fluid level.
- There is no other lung lesion noted.
- There is pleural reaction at the right base with pleural thickening along the lateral wall.
- No associated rib erosion is seen.
- The rest of the X-ray chest appears with in normal limits.

IMPRESSION

- Solid component in non-dependent location in a thick wall cavity the differential diagnoses would be:
- Carcinoma developing in an old tuberculosis cavity
- Mycetoma
- Haemangioma in a cavity.

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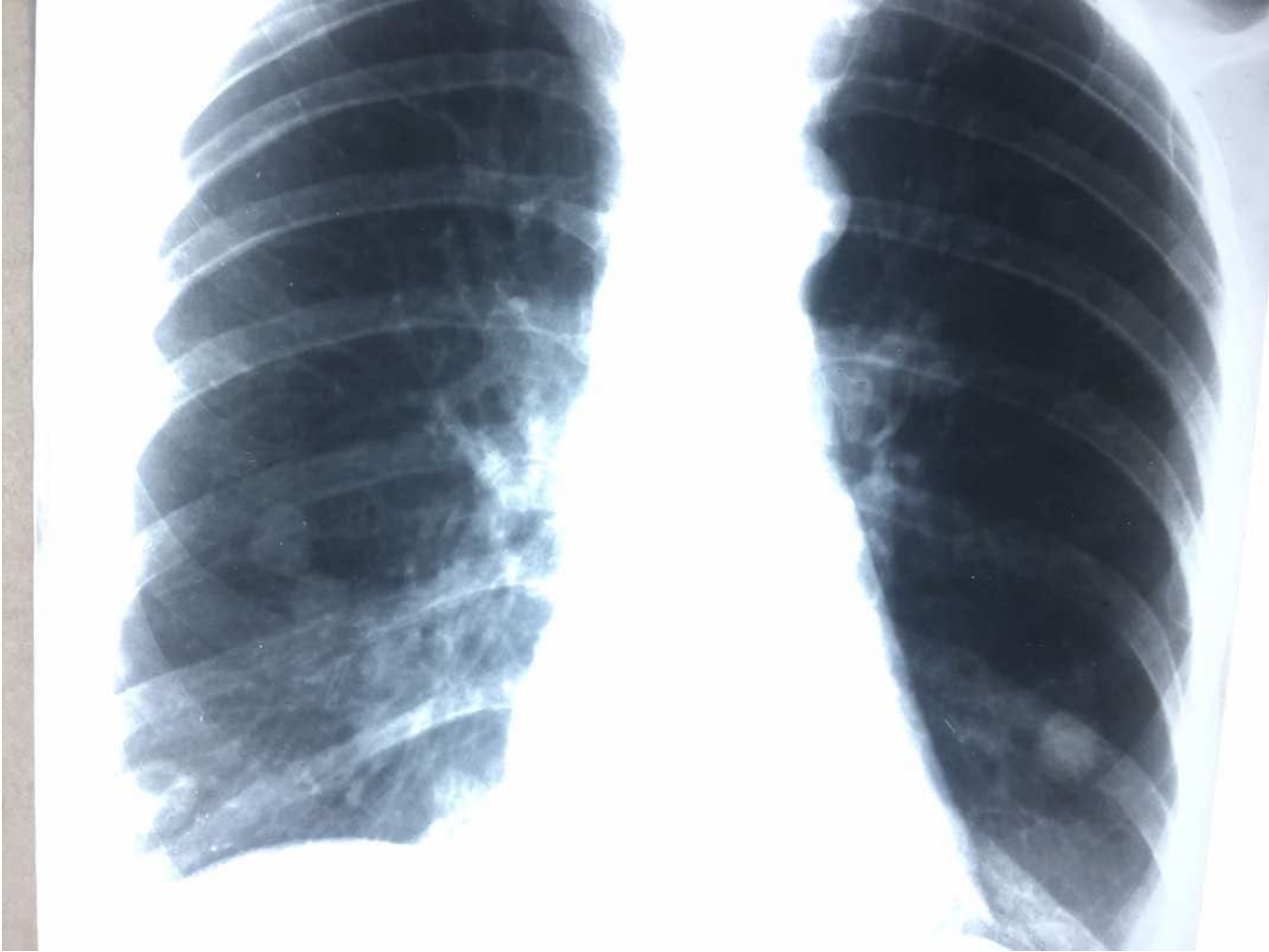
(175) 66-73

PNEUMOTHORAX
Chest Pa View

NOTE

- Large pneumothorax is seen on the left side.
- The left lung parenchyma is pushed medially.
- No pleural effusion is seen on the left side.
- Right lung appears normal.
- No rib fracture is noted.
- Appearances are in keeping with large pneumothorax on the left side with compressed lung parenchyma.

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(15) 11 - 53

SECONDARY HYPERPARATHYROIDISM
SKULL [LATERAL VIEW]

NOTE

- ♦ There are numerous small lucencies present throughout the vault bones, "Pepper-pot".
- ♦ These lucencies are indistinct but margins are slightly prominent.
- ♦ Anterior teeth in lower jaw show loss of Lamina Dura.
- ♦ Pituitary fossa is normal.

DIAGNOSIS

- ♦ Secondary Hyperparathyroidism showing "Pepper-pot" skull, which is typical of Hyperparathyroidism.





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(72) 49-77

RHEUMATOID ARTHRITIS

Both Hands (AP)

NOTE

- Extensive erosions are seen in the radio-carpal, intra-carpal and carpo-metacarpal articulations.
- The erosions are mostly along the articular and juxta-articular aspect.
- Marginal and juxta cortical erosions are also seen along the metacarpophalangeal articulation of left 2nd, 3rd, 4th and right 3rd metacarpophalangeal joints.
- Little soft tissue swelling is seen over the proximal interphalangeal joints of both hands.
- Bones are little porotic.
- Joint spaces along the radio-carpal, inter-carpal and carpo-metacarpal articulations are narrowed.
- Similar changes are also seen in the affected joints of metacarpophalangeal joints on both sides.
- Little soft tissue swelling is seen over the both wrists.
- Apperances are in keeping with **Rheumatoid Arthritis** involving both wrists and most of the metacarpophalangeal articulation on both sides.

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(CT - 79) 14-36

BRAIN PLAIN & CONTRAST
AXIAL & CORONAL SECTION OF BRAIN WITH & WITHOUT IV
CONTRAST.

M. BOOTA
60 YEARS MALE

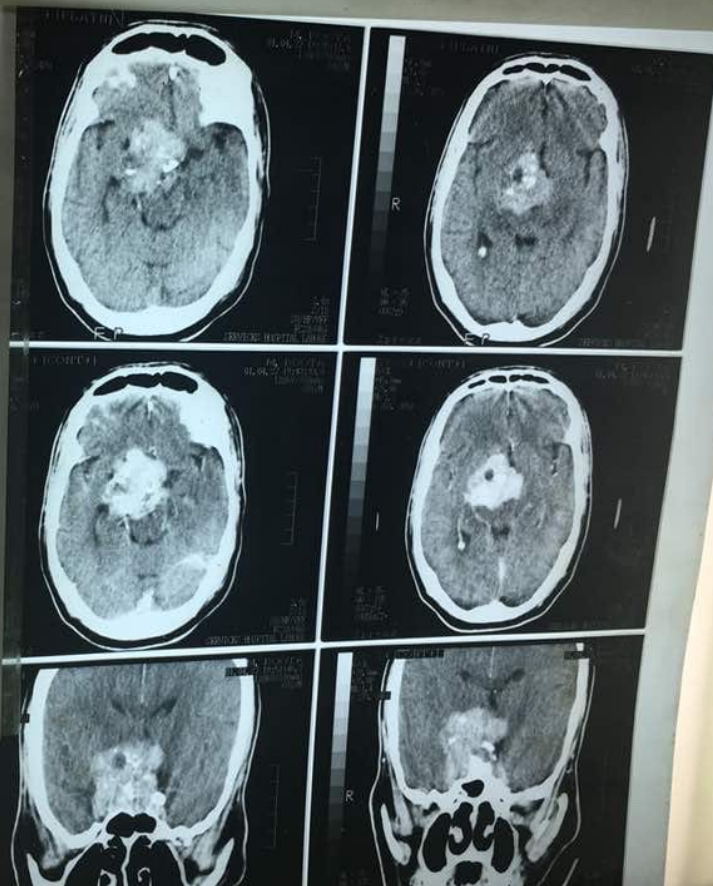
NOTE

- A large irregularly outlined mixed density lesion seen in pituitary region.
- Mass is expansile in nature.
- The mass shows enhancement after I/V contrast.
- There is no extension of mass in sphenoid/sinus.
- Multiple calcific foci are visible in mass.

Impression:

- Pituitary Tumor.

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Books, Films and Audio Visual Library
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(154) 48-75

GOUTY ARTHRITIS
BOTH HANDS AND BOTH FEET

NOTE

- Subchondral and marginal erosions are seen along the articulations of
 - IP joints of left foot
 - and to marginal extent in the first metatarsal phalangeal articulation of the right big toe
- Punched-out cysts like lesions are also seen
- Reactive sclerotic changes in the surrounding are also noted
- Osteoporosis is also seen around the joints
- Soft tissue swelling around the joints is seen mostly involving the
 - metatarsophalangeal articulation of the right big toe
 - and also most of the metacarpophalangeal joints of both hands
- Secondary calcification within the joints also noted particularly in the
 - right first metatarsophalangeal articulation
 - intraphalangeal articulation of the left big toe
 - Metatarsal chevrons in most of the metacarpophalangeal articulation of both hands
- These appearances are typically are those of Gouty arthritis





(68) 43-61

SCLERODERMA
BOTH HANDS (AP VIEW)

NOTE

- Patchy soft tissue calcification is seen.
- The calcification is in the soft tissue over the distal aspect of the left index finger and middle fingers.
- Calcification in the soft tissue is seen at the level of:
 - proximal and middle phalanges of the left middle finger
 - the soft tissue between the 3rd and 4th metacarpals of the left hand. [Calcium salt]
- Little bony resorption is also seen in the tip of:
 - the distal phalanges of left index,
 - right middle and
 - ring fingers.
- Similar but minimal changes are also seen in the distal phalanges of both thumbs.
- Soft tissue swelling is also seen over the affected regions.
- Appearances are in keeping with Scleroderma with soft tissue calcification of both hands and bony changes in most of the distal phalanges.



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(175) 43-53

PSEUDOHYPOPARATHYROIDISM
BOTH HANDS (AP VIEW)

NOTE

- Disproportionate shortening of the metacarpals and phalanges of both hands
- The shortening of the metacarpals and phalanges is not symmetrical
- These are typical appearances of Pseudohypoparathyroidism.
- These patients may show calcification in the Basal Ganglia and other parts of the brain
- They also show thickening of the calvaria and abnormal dentition



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COLLAPSE CONSOLIDATION

CHEST PA

NOTE

- Soft shadowing seen right mid lower zone of obscuring right heart border, diaphragm and costophrenic angle.
- Right horizontal fissure is partially visualized and appear depressed.
- Prominent right hilum.
- Left costophrenic angle clear.

CONCLUSION:

- Appearances are due to collapse consolidation right middle lower lobe.





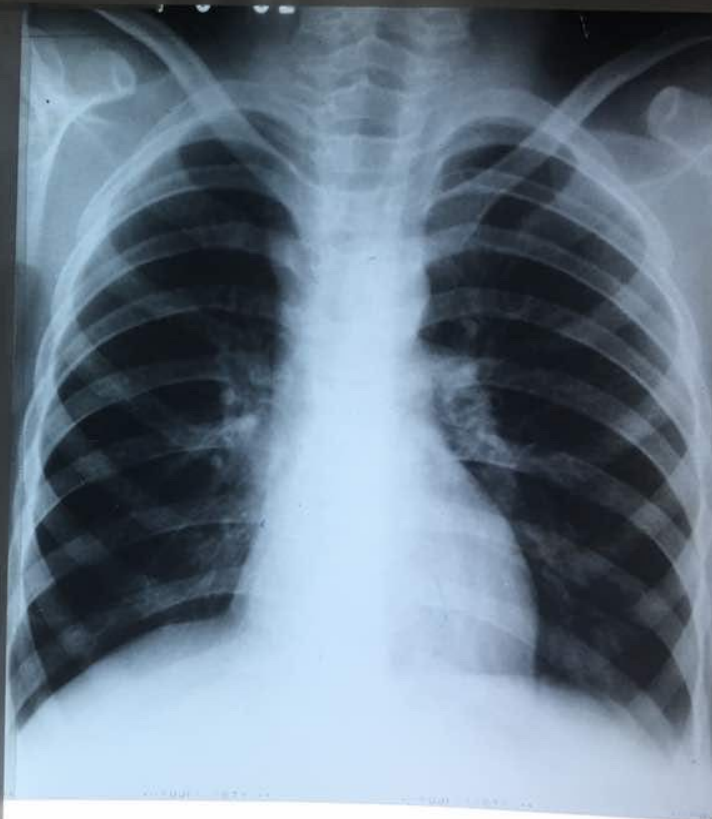
PARTIAL COLLAPSE OF RIGHT LOWER LOBE
CHEST

NOTE

- Linear shadowing is seen in right lower zone.
- Right horizontal fissure is depressed.
- Over-inflated right upper & mid zones.
- No other abnormality seen.

DIAGNOSIS

- Appearances are due to partial collapse right lower lobe.



48) 15-78

CT SCAN BRAIN
WITH IV CONTRAST

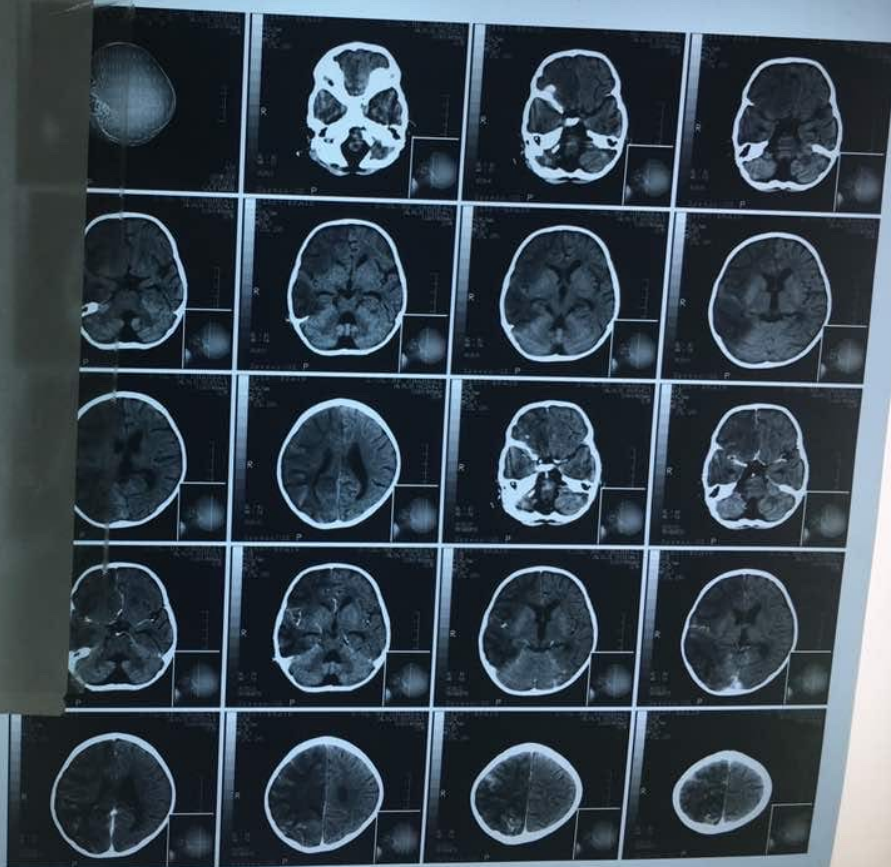
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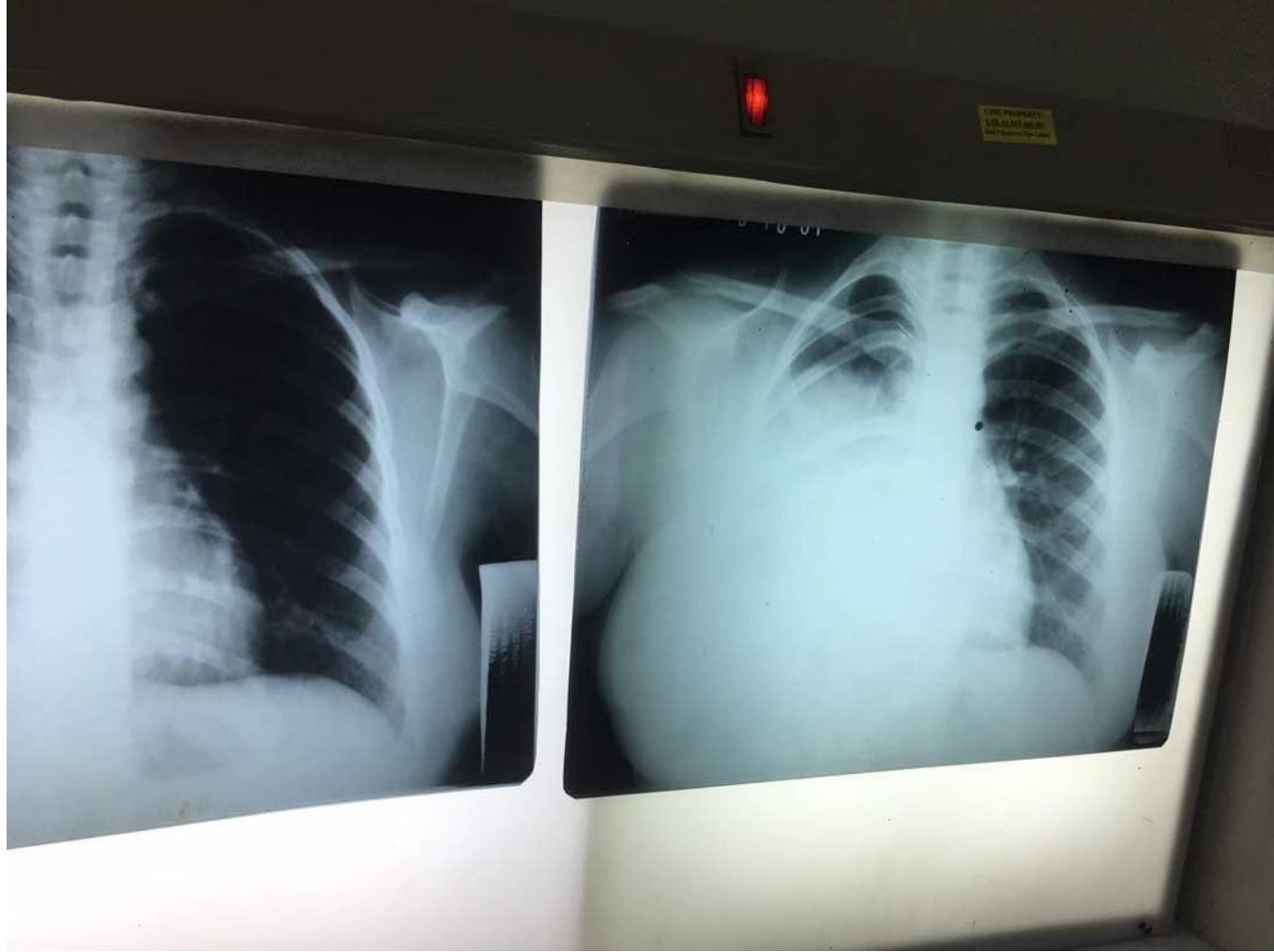
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- There is compression of ipsilateral lateral ventricle.
- There is also gyriform enhancement seen in occipital region.

IMPRESSION:

- Infarct of right cerebral hemisphere compressing ipsilateral hemisphere & showing gyriform enhancement.

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(199) 68 - 32

MALIGNANT MASS RIGHT LUNG
CHEST PA

MRS NASEEMA HABIB ULLAH

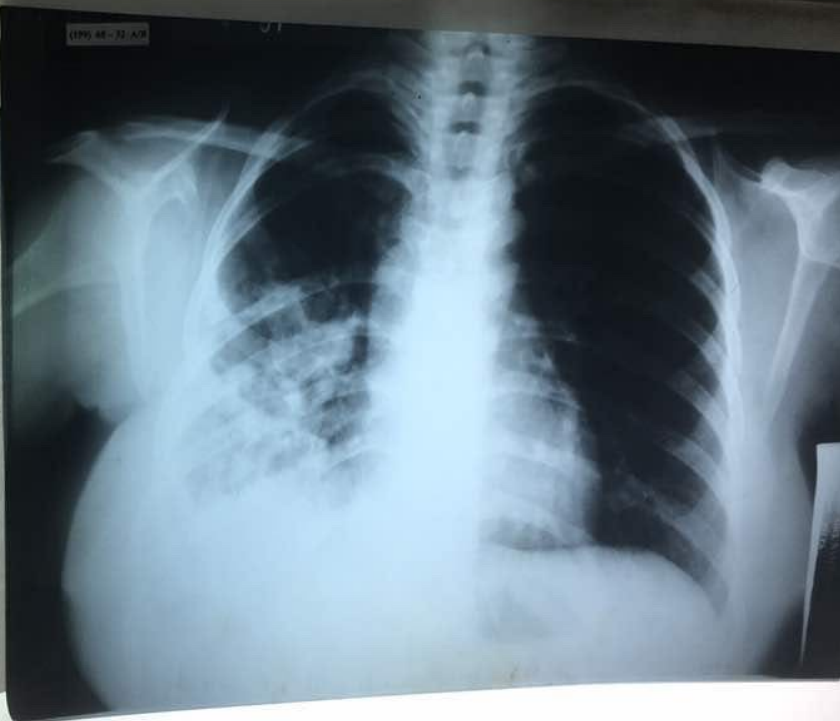
NOTE

- Dense mass is seen in right lung mainly right mid-lower zone.
- Margins are ill defined.
- Destruction of right 5th rib is noted.
- Small, poorly defined opacity is seen in left mid zone.
- No adenopathy is noted in left hilum.

DIAGNOSIS

- Known case of malignancy right lung, poorly defined opacity left mid zone maybe due to secondary deposit.

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(238) 97-23

SARCOIDOSIS
CHEST PA

MR. AMIR NAZEER MOHAMMAD

NOTE

- Both hila are enlarged and dense.
- Margins well defined and lobulated.
- Widening seen right side of superior mediastinum.
- Thickening of horizontal fissure noted.
- Rest is normal.

DIAGNOSIS:

- Asenopathy both hila and mediastinum may be due to Koch's
- Other differential diagnosis include:
 1. Sarcoidosis
 2. Lymphomatous infiltration.

ADVICE:

- CT scan and biopsy





COLLEGE OF PHYSICIANS AND SURGEONS, PAK

(RT) 44-38

**EXTENSIVE MULTIPLE MYELOMA
PELVIS INCLUDING BOTH HIPS (AP)**

NOTE

- Numerous small lytic lesions which are scattered throughout the both femora and pelvic bones.
- Similar lesions are also seen in the lumbar spine.
- The lesions are much more marked in the iliac blades and also in the pubic bones.
- Hip and sacro iliac joints are normal.
- Appearances are in keeping with Multiple Myeloma.
- The other differential diagnosis would be secondary deposits.

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BRONCHUS

in the right upper lobe with high dependent lateral wall.

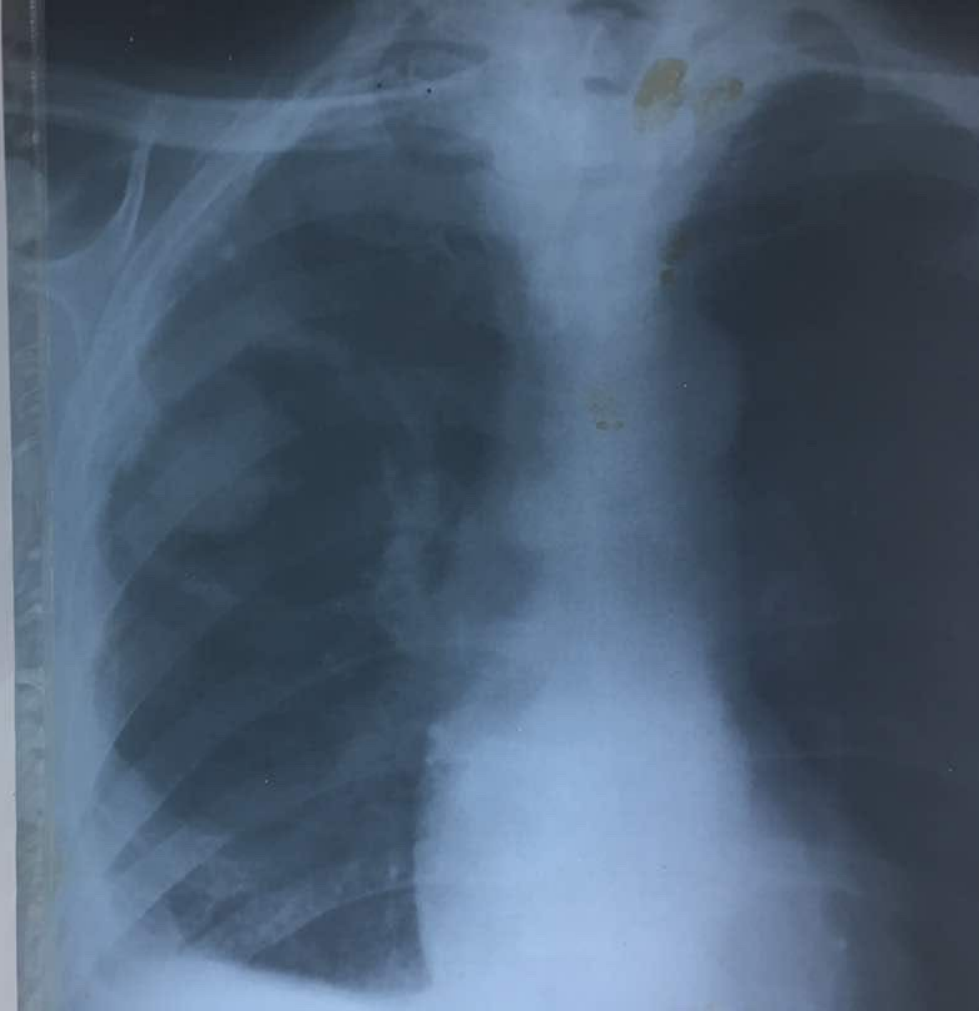
level

1 pleural thickening along the lateral

normal limits.

1 in a thick wall cavity the differential

is cavity





CAVITATING CARCINOMA BRONCHUS
X-RAY CHEST

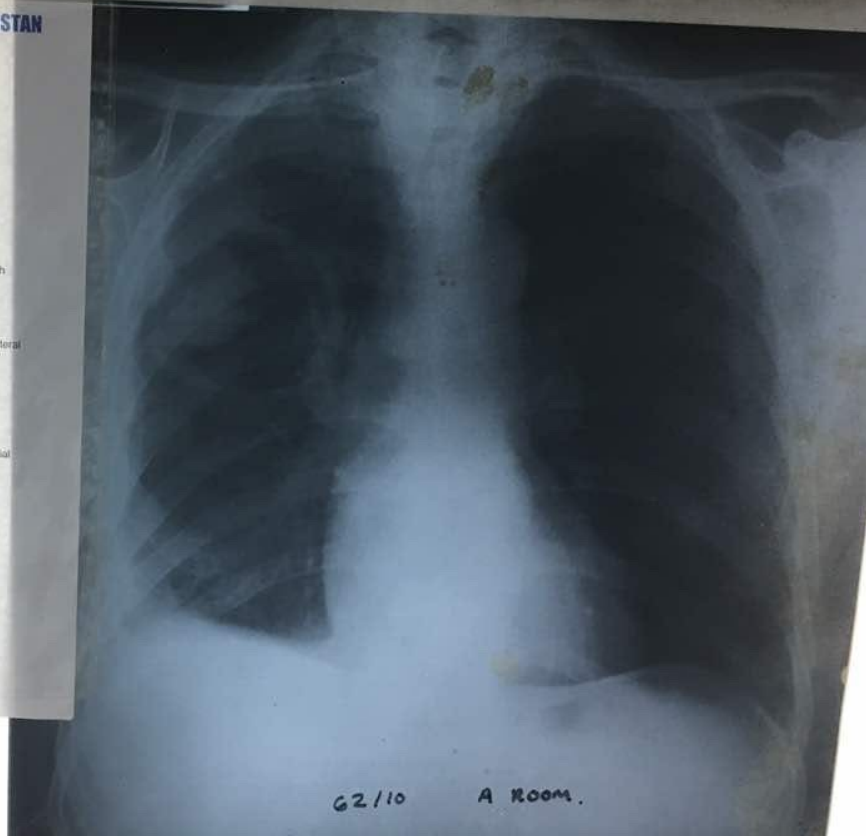
NOTE

- There is a thick walled irregular margin cavity in the right upper lobe with high attenuation solid component attach to the non dependent lateral wall.
- There is no abnormal calcification or air fluid level.
- There is no other lung lesion noted.
- There is pleural reaction at the right base with pleural thickening along the lateral wall.
- No associated rib erosion is seen.
- The rest of the X-ray chest appears with in normal limits.

IMPRESSION

- Solid component in non-dependent location in a thick wall cavity the differential diagnoses would be:
- Carcinoma developing in an old tuberculosis cavity
- Mycetoma
- Haemangioma in a cavity.

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62/10

A Room.

(15) 11 - 53

SECONDARY HYPERPARATHYROIDISM
SKULL [LATERAL VIEW]

NOTE

- ♦ There are numerous small lucencies present throughout the vault bones, "Pepper-pot".
- ♦ These lucencies are indistinct but margins are slightly prominent.
- ♦ Anterior teeth in lower jaw show loss of Lamina Dura.
- ♦ Pituitary fossa is normal.

DIAGNOSIS

- ♦ Secondary Hyperparathyroidism showing "Pepper-pot" skull, which is typical of Hyperparathyroidism.





OLD KOCH'S INFECTION
CHEST PA VIEW

MRS ASIFA SHEHZAD IQBAL

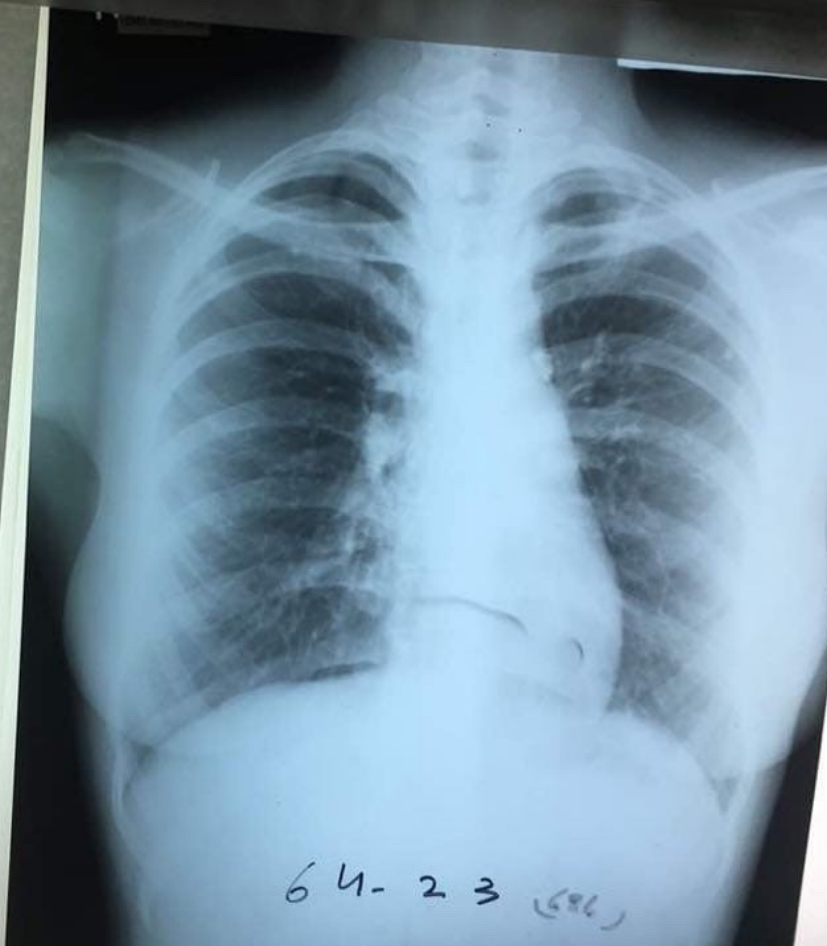
NOTE

- Slight linear shadowing left upper mid zone, small calcific foci also seen.
- There is loss of lung volume seen on the left side.
- Trachea mediastinum slightly pulled to the left side.
- Left hilum is enlarged.
- Rest is normal.

DIAGNOSIS:

- Old Koch's infection with minimal fibrosis left upper lobe.

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(CT - 79) 14-36

BRAIN PLAIN & CONTRAST
AXIAL & CORONAL SECTION OF BRAIN WITH & WITHOUT IV
CONTRAST.

M. BOOTA
60 YEARS MALE

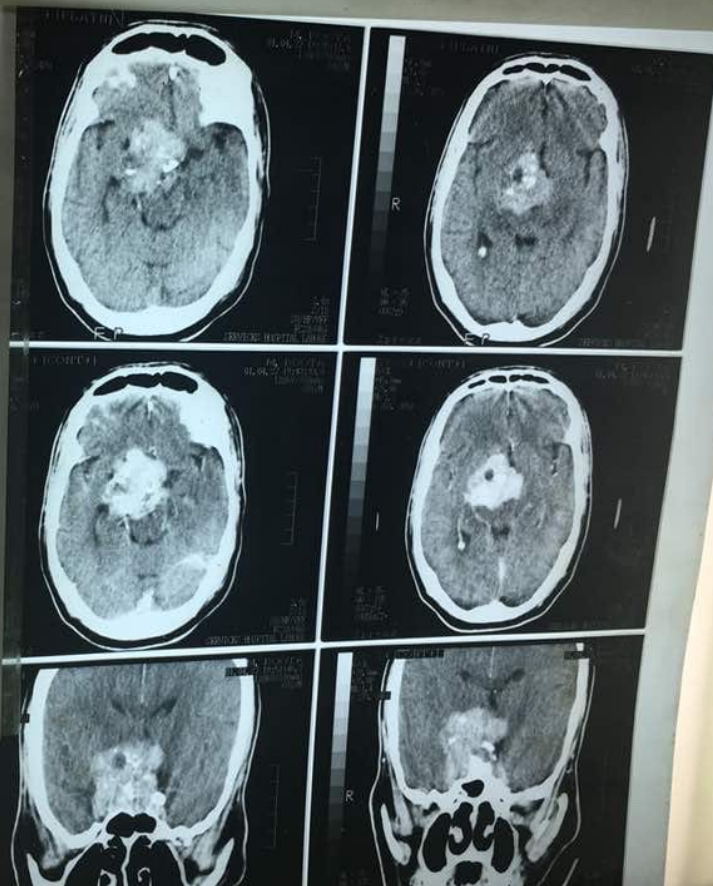
NOTE

- A large irregularly outlined mixed density lesion seen in pituitary region.
- Mass is expansile in nature.
- The mass shows enhancement after I/V contrast.
- There is no extension of mass in sphenoid/sinus.
- Multiple calcific foci are visible in mass.

Impression:

- Pituitary Tumor.

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(154) 48-75

GOUTY ARTHRITIS
BOTH HANDS AND BOTH FEET

NOTE

- Subchondral and marginal erosions are seen along the articulations of
 - IP joints of left foot
 - and to marginal extent in the first metatarsophalangeal articulation of the right big toe
- Punched-out cystic like lesions are also seen
- Reactive sclerotic changes in the surrounding are also noted
- Osteoporosis is also seen around the joints
- Soft tissue swelling around the joints is seen mostly involving the
 - metatarsophalangeal articulation of the right big toe
 - and also most of the metatarsophalangeal joints of both hands
- Secondary calcification within the joints also noted particularly in the
 - right first metatarsophalangeal articulation
 - intratarsal articulation of the left big toe
 - Metatarsal chondrocytes in most of the metatarsophalangeal articulation of both hands
- These appearances are typically are those of Gouty arthritis



11 - 65

THALLACAEMIA
SKULL [LATERAL VIEW]

NOTE

The width between the outer and inner tables is markedly increased.
Coarse trabecular pattern of the vault bones gives the appearances of "Sun-ray" type of bony changes.

The changes are much more marked in the frontal bone, but the parietal bones are also affected.

In this condition, the occipital bone is almost always spared.

Ground glass appearances of the facial bones are due to involvement with the disease causing

increased trabecular pattern and increase in size of the bones.

The pituitary fossa is within normal limits.

DIAGNOSIS

These appearances are typically are of those of Thallacæmia with increased width of the skull tables.





(258) 42 - 85

SICKLE CELL ANEMIA
RIGHT FOREARM (AP & LATERAL)

NOTE

- Patchy destruction is seen involving the proximal 2/3rd of the right ulna.
- The patchy destruction is mostly involving the medullary cavity and also extending into the cortex.
- Periosteal reaction also noted over this region.
- The lesion is extending up to the upper end of the right ulna.
- Soft tissue swelling is also noted over this lesion.
- However, joints spaces at elbow and wrist joints appear normal.
- The appearances are in keeping with SICKLE CELL ANEMIA involving the proximal 2/3rd of right ulnar shaft.
- The other differential diagnosis should include osteomyelitis.

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DR. M. A. K.

R



DR. M. A. K. KOTWALA
FRCR, FRCR, FRCR
FRCR, FRCR, FRCR



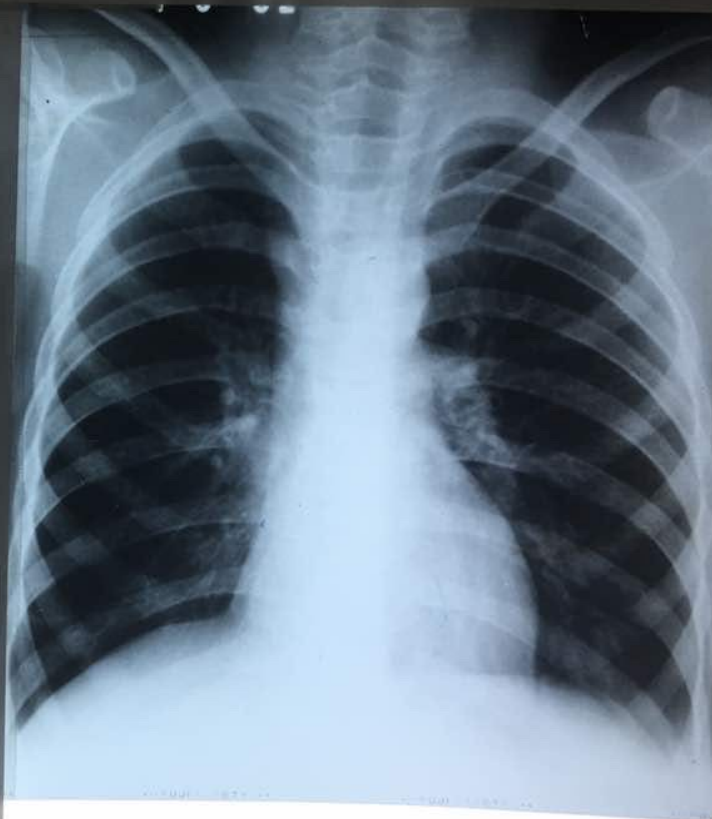
PARTIAL COLLAPSE OF RIGHT LOWER LOBE
CHEST

NOTE

- Linear shadowing is seen in right lower zone.
- Right horizontal fissure is depressed.
- Over-inflated right upper & mid zones.
- No other abnormality seen.

DIAGNOSIS

- Appearances are due to partial collapse right lower lobe.





(205)

68-22

CHEST PA VIEW

LEA MONICA

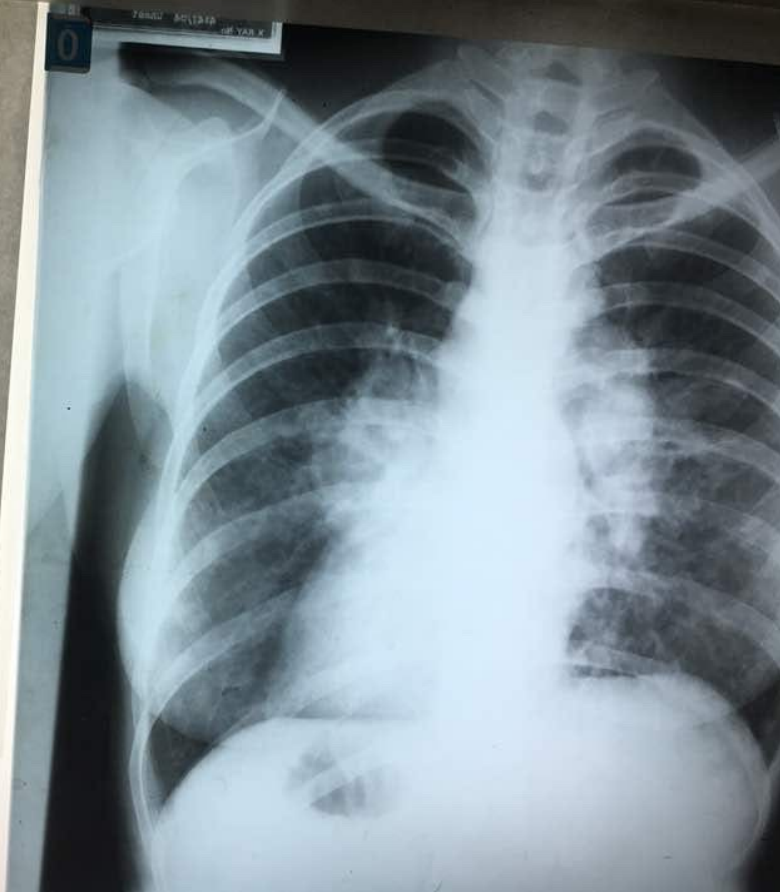
NOTE

- Both hila are enlarged, dense and lobulated.
- Linear soft shadowing seen both mid and lower zones, more marked on right side.
- Normal heart diameter.
- Normal mediastinum.
- Normal costophrenic angles and rib cage.

CONCLUSION:

- Sarcoidosis.
- Koch's.

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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(174) 43-72

PSORIATIC ARTHRITIS
BOTH HANDS, WRISTS, FEET

NOTE

- Bony resorption and tapering of the distal phalanges of both hands and feet.
- Destruction of the interphalangeal joints of fingers and toes is noted.
- Early, minimal ankylosis of the interphalangeal joints in both hands.
- "Pencil-in-cup" deformity is seen at the metacarpophalangeal articulations.
- Tapering and deformity also present in the distal ends of radius and ulna.
- Bony resorption and destruction is seen in the heads of metacarpals and metatarsals.
- These appearances are typically of those of Psoriatic Arthritis.



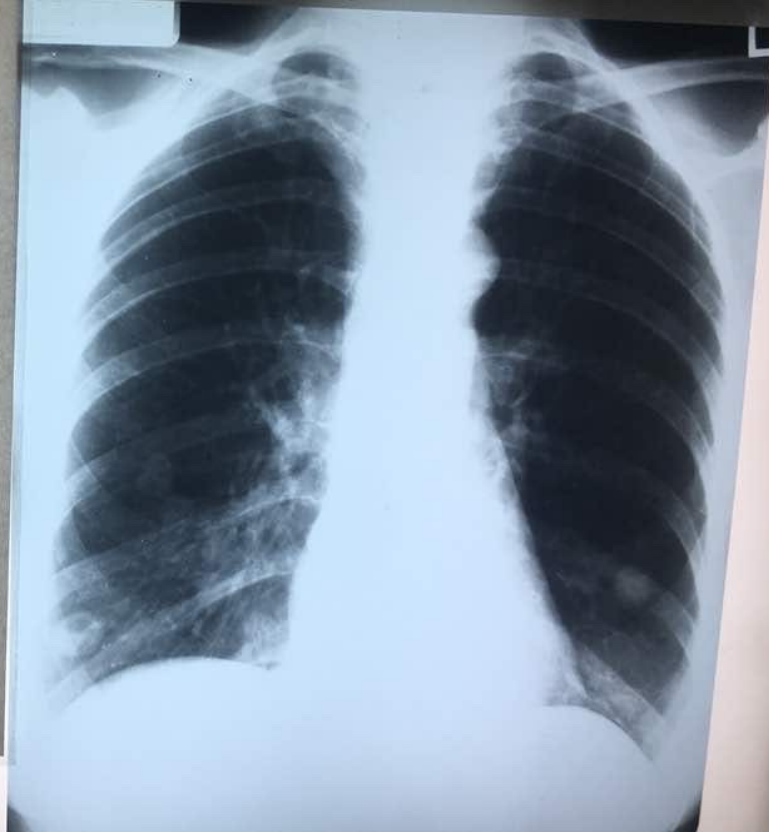
CHEST X-RAY (PA VIEW)

NOTE

- There is evidence of multiple rounded well marginated dense masses seen in both lung fields mainly in the lower lobes.
- There is no evidence of any bony destruction or erosion.
- The hila and costophrenic angles appear normal.
- The heart size is normal.

DIAGNOSIS

- Findings are most probably due to multiple metastatic lesions.
- Would recommend CT scan and biopsy for further evaluation.





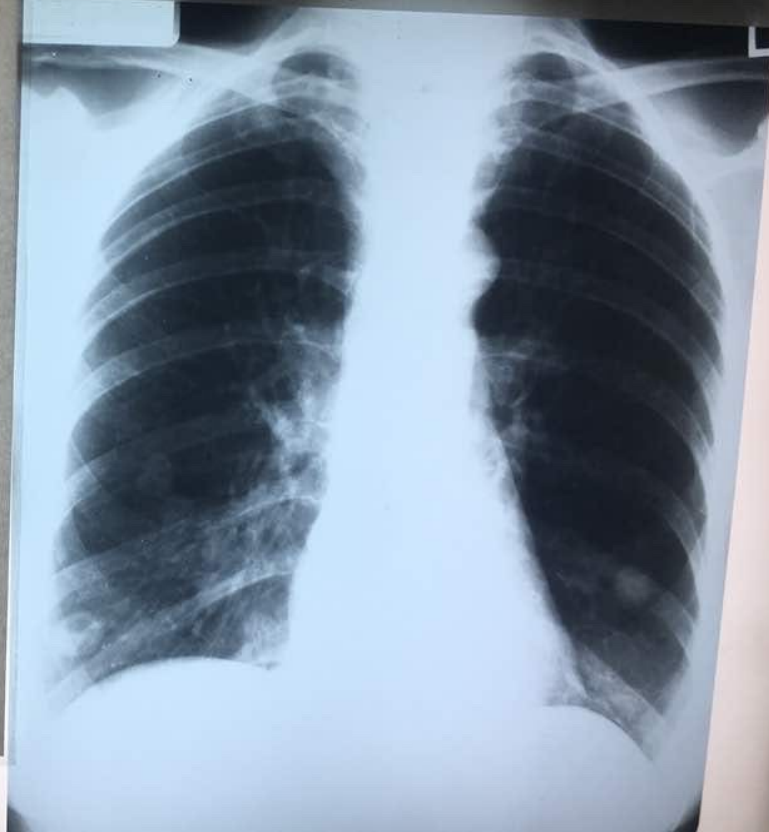
CHEST X-RAY (PA VIEW)

NOTE

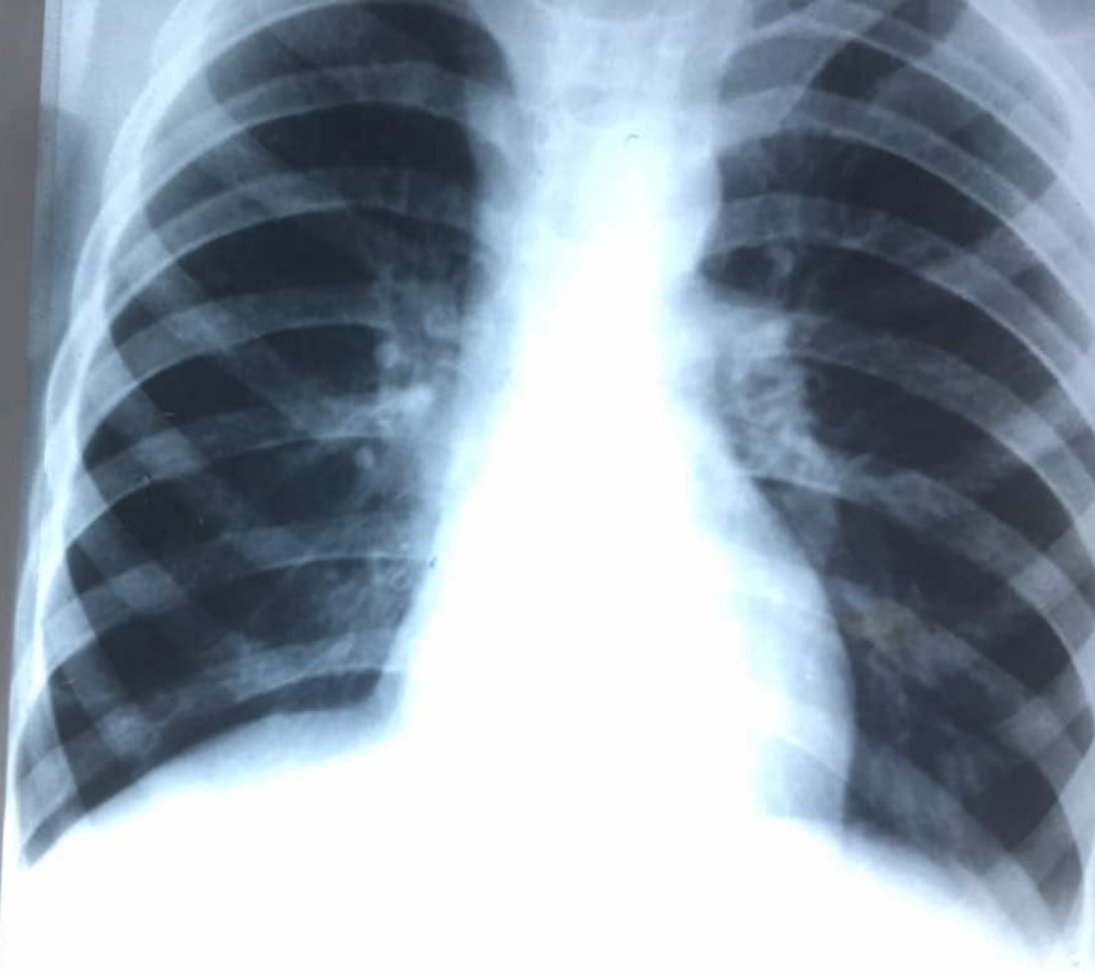
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DIAGNOSIS

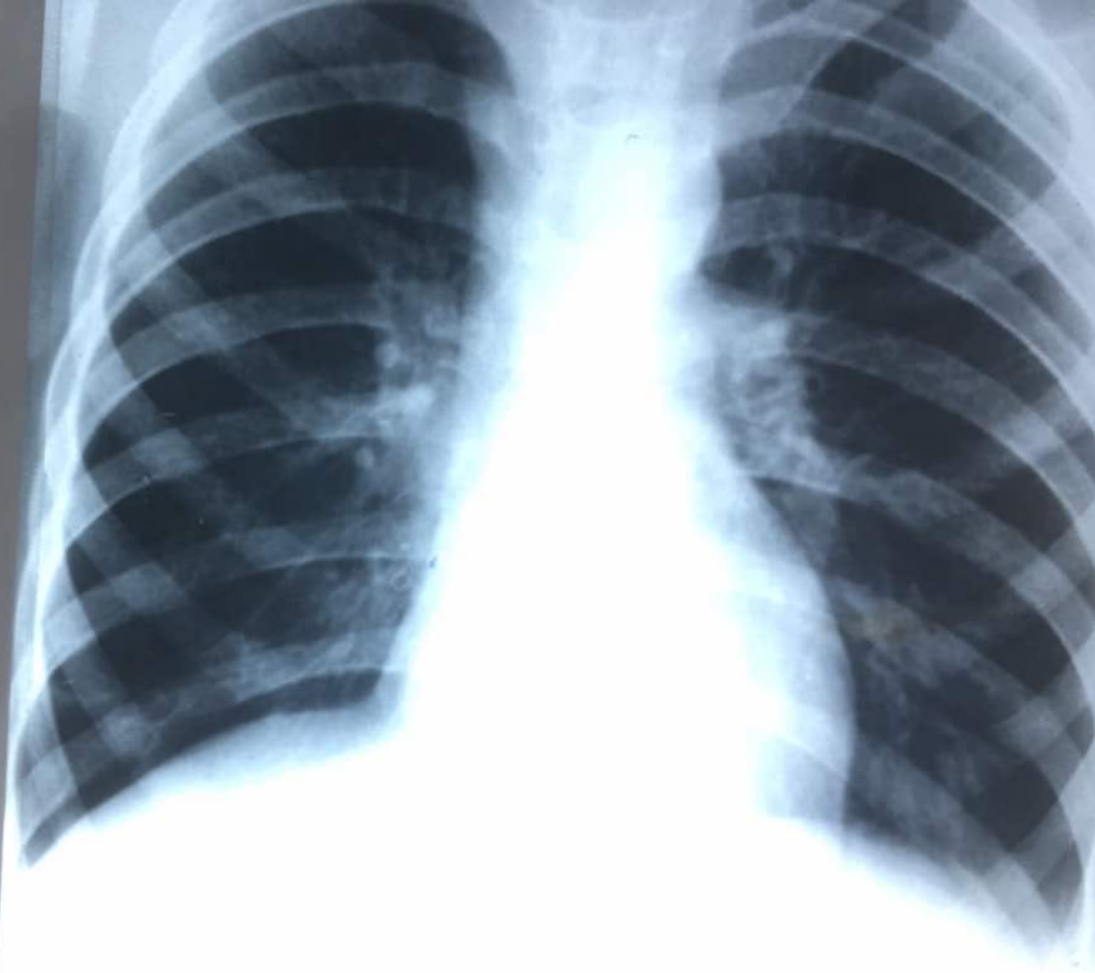
- Findings are most probably due to multiple metastatic lesions.
- Would recommend CT scan and biopsy for further evaluation.



OBE



DBE





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(211) 88-23

CHEST
PA VIEW

MRS. AMEER JEHAN SALAHUDDIN
12-10-02

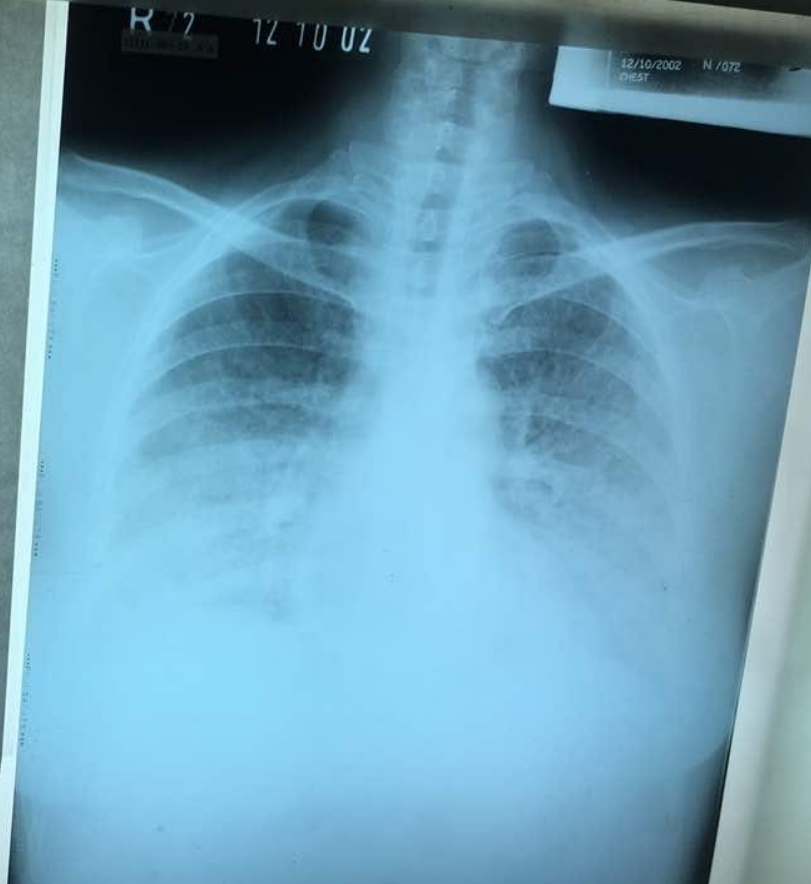
NOTE

- Fine reticulo nodular shadowing seen diffusely present in both lungs, more marked mid lower zones.
- No converging hilar and mediastinum adenopathy.
- Heart size upper limits of normal.
- CT ratio is 50%.
- No pleural effusion.
- Normal rib cage.

IMPRESSION

- Appearance raises differential diagnosis:
 1. Infection this may be Tuberculous or Non Tuberculous.
 2. Pulmonary edema.

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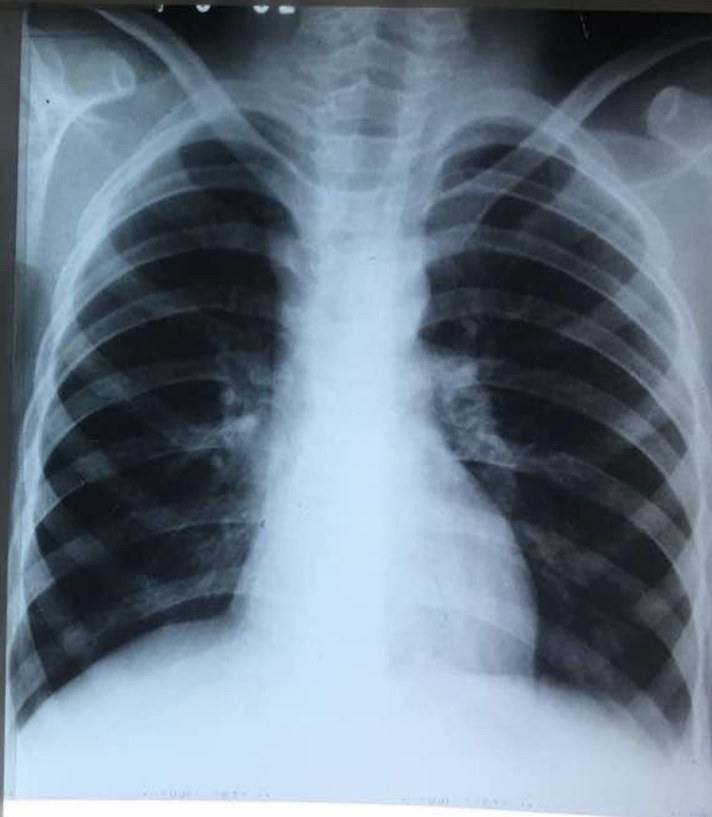
PARTIAL COLLAPSE OF RIGHT LOWER LOBE
CHEST

NOTE

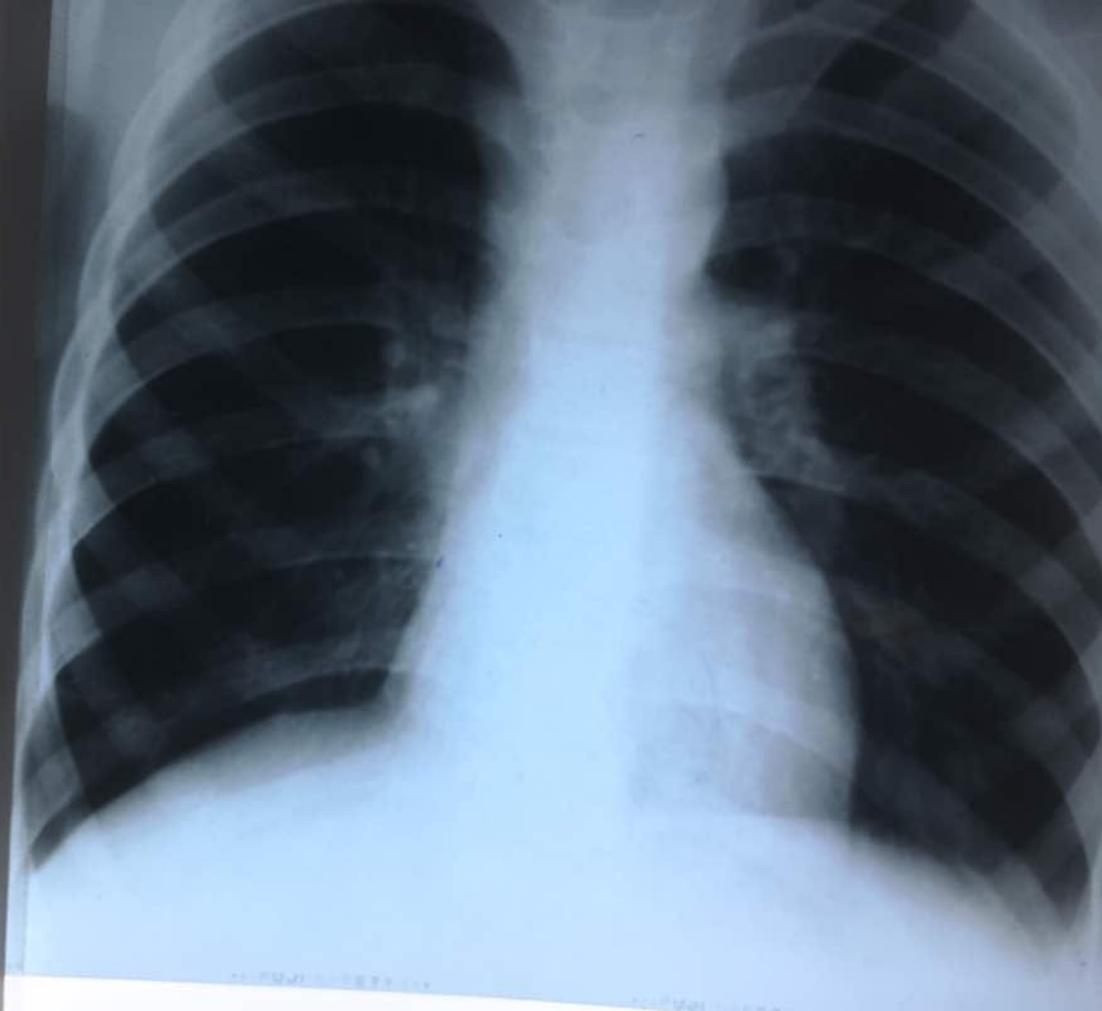
- ♦ Linear shadowing is seen in right lower zone.
- ♦ Right horizontal fissure is depressed.
- ♦ Over-inflated right upper & mid zones.
- ♦ No other abnormality seen.

DIAGNOSIS

- ♦ Appearances are due to partial collapse right lower lobe.



OBE



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(234) 68-31

PULMONARY CYST
CHEST PA VIEW

MIL ONBISZ

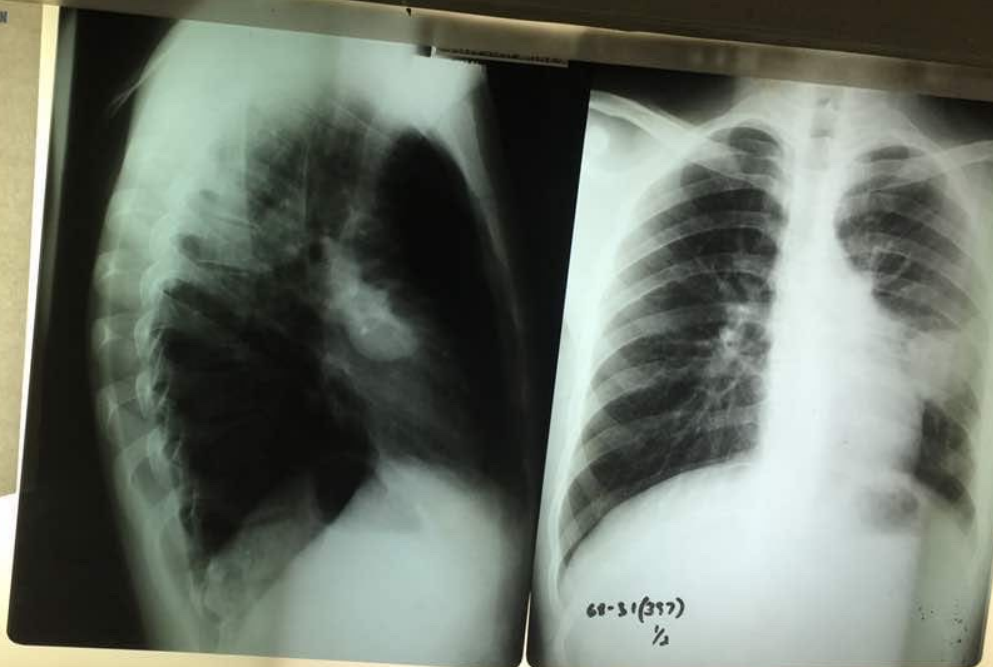
NOTE

- Soft tissue mass lesion seen in the left lung.
- It measured about 5 cms in diameter.
- Cavity lesion seen within the mass lesion.
- The margins are well define and show homogeneous density.
- Left hilum is also enlarged.
- Patchy soft shadowing seen in the left supra hilar region.
- Coarse broncho vascular markings are seen in both lungs, consistent with bronchitic changes.
- Normal heart diameter.
- Normal mediastinum.
- Normal diaphragmatic angles and no cage.

CONCLUSIONS

- Containing mass lesion seen in the lung which is benign in nature, this maybe a pulmonary cyst.
- However, possibility of hydatid cyst should also be considered.
- Ultrasound examination will be helpful for further assessment.
- Ultrasound of the upper abdomen will be helpful to exclude the other form pathology.
- Heart size normal.

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COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN
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Faculty of Diagnostic Radiology

(06) 61-20

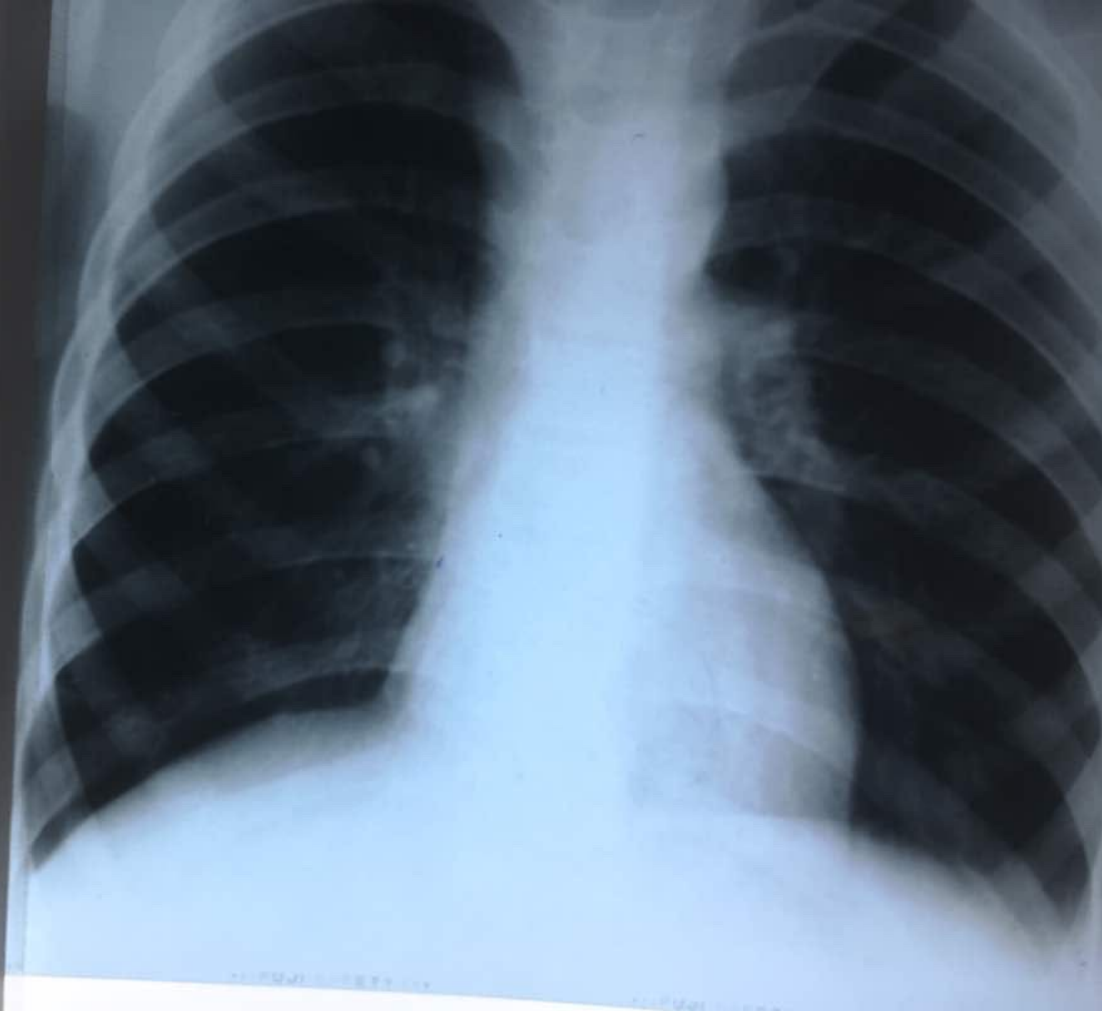
HYDATID CYST
CHEST [AP VIEW]

NOTE

- ◆ Large cavity lesion is seen in the right upper-mid lung.
- ◆ In the lower aspect of the cavity there is an ill-defined opacity also present.
- ◆ The heart is slightly pushed onto the left side.
- ◆ The right hemidiaphragm is raised.
- ◆ Appearances are in keeping with **Hydatid cyst**.
- ◆ The ill-defined opacity in the cavity is due ruptured Hydatid cyst ("Water-Lilly") sign.
- ◆ Raised right diaphragm is due to enlarged liver.
- ◆ And this due to liver involvement with the hydatid disease.



OBE



CHEST PA VIEW

NOTE

- ♦ Bilateral superior mediastinum widening more on the right side.
- ♦ Margins are smooth and well defined.
- ♦ Soft shadowing is seen in mid lower zones of left lung.
- ♦ Large cavitory lesion with air fluid level is seen in the left base.
- ♦ Left heart border, costophrenic angle and diaphragm are obscured.
- ♦ Pleural effusion left costophrenic angle.
- ♦ Pleural effusion also seen on right side.

DIAGNOSIS: -

- ♦ Pleuro-pulmonary infection with abscess cavity seen on left side.
- ♦ The other possibility of these appearances may be due to raised left diaphragm (eventration) with bowel gas under the diaphragm.
- ♦ Bilateral mediastinal adenopathy most likely due to Koch's infection.

ADVISE: -

- ♦ Left lateral view.
- ♦ U/S



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(234) 68-31

PULMONARY CYST
CHEST PA VIEW

MIL ONBISZ

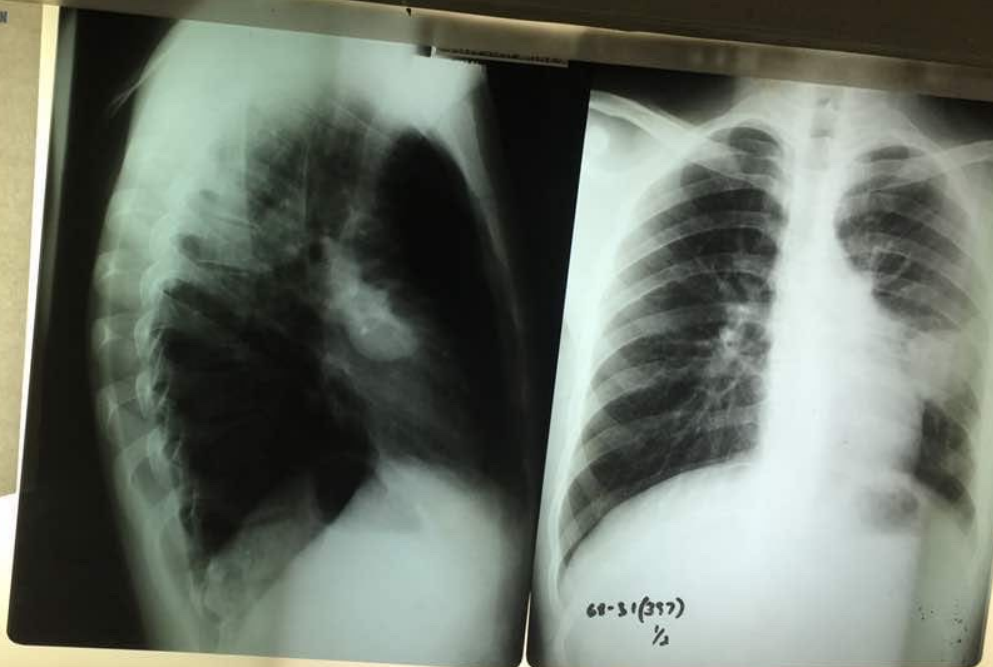
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- Coarse broncho vascular markings are seen in both lungs, consistent with bronchitic changes.
- Normal heart diameter.
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CONCLUSIONS

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- However, possibility of hydatid cyst should also be considered.
- Ultrasound examination will be helpful for further assessment.
- Ultrasound of the upper abdomen will be helpful to exclude the other form pathology.
- Heart size normal.

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CHEST PA VIEW

NOTE

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- Soft shadowing is seen in mid lower zones of left lung.
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- Bilateral mediastinal adenopathy most likely due to Koch's infection.

ADVISE: -

- Left lateral view.
- U/S



(60) 43-52

ACROMEGALY
RIGHT HAND AND ELBOW (AP)

NOTE

- The bones of right hand and elbow are large
- Trabecular pattern is slightly coarse as well
- The soft tissue over the hand and elbow is also prominent
- The tips of the distal phalanges show slight widening and give the appearances of "arrow-head".
- Secondary degenerative changes are seen in the carpo-metacarpal and metacarpo-phalangeal articulations.
- Soft tissue swelling is seen over the elbow and proximal intra-phalangeal joints.
- The overall appearances are those of **Acromegalic** changes in the right hand and elbow

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HEALING KOCH'S INFECTION
CHEST PA

SHUAM NABI

NOTE

diffuse soft shadowing seen throughout left lung.
secondary bronchiectatic changes seen in the left zone.
there is loss of lung volume seen on the left side with heart, trachea, mediastinum are pulled to the left side.
pleural thickening seen in the left apex and left costophrenic angle.
bronchitic change seen both lungs.
normal heart diameter.
normal rib cage.

CONCLUSION:

Healing Koch
infection seen in left lung, which shows improvement since the examination of 5-1999.
secondary bronchiectatic changes seen on the left side, which have deteriorated since the previous examination.
changes in the right lung shows remarkable improvement since the previous examination.
bronchitic changes seen both lungs.
heart size normal.





HYDROPNEUMOTHORAX RIGHT SIDE.

NOTE

- Hydropneumothorax seen right side.
- Collapse with cavity lesion right lower zone.
- Collapse right upper lobe.
- Trachea, mediastinum slightly pushed onto the left side.
- Left lung shows no lesion.
- Left Cp angle clear.

CONCLUSION:

- Hydropneumothorax seen right side with collapse right lower lobe.
- Collapse also seen right upper side.

R224 23 5 00





HYDROPNEUMOTHORAX RIGHT SIDE.

NOTE

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- Collapse with cavity lesion right lower zone.
- Collapse right upper lobe.
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- Left lung shows no lesion.
- Left Cp angle clear.

CONCLUSION:

- Hydropneumothorax seen right side with collapse right lower lobe.
- Collapse also seen right upper side.

R224 23 5 00





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(62) 43-53

SHORT METACARPALS
BOTH HANDS (AP VIEW)

NOTE

- in both hands
- The 4th and 5th metacarpals on the left side are short
- On the right side the 3rd and 5th metacarpals are short
- The fingers are also short due to shortening of the metacarpals
- No other abnormality is seen
- Bone and soft tissue density are normal
- Appearances are in keeping with congenital anomaly showing short metacarpals



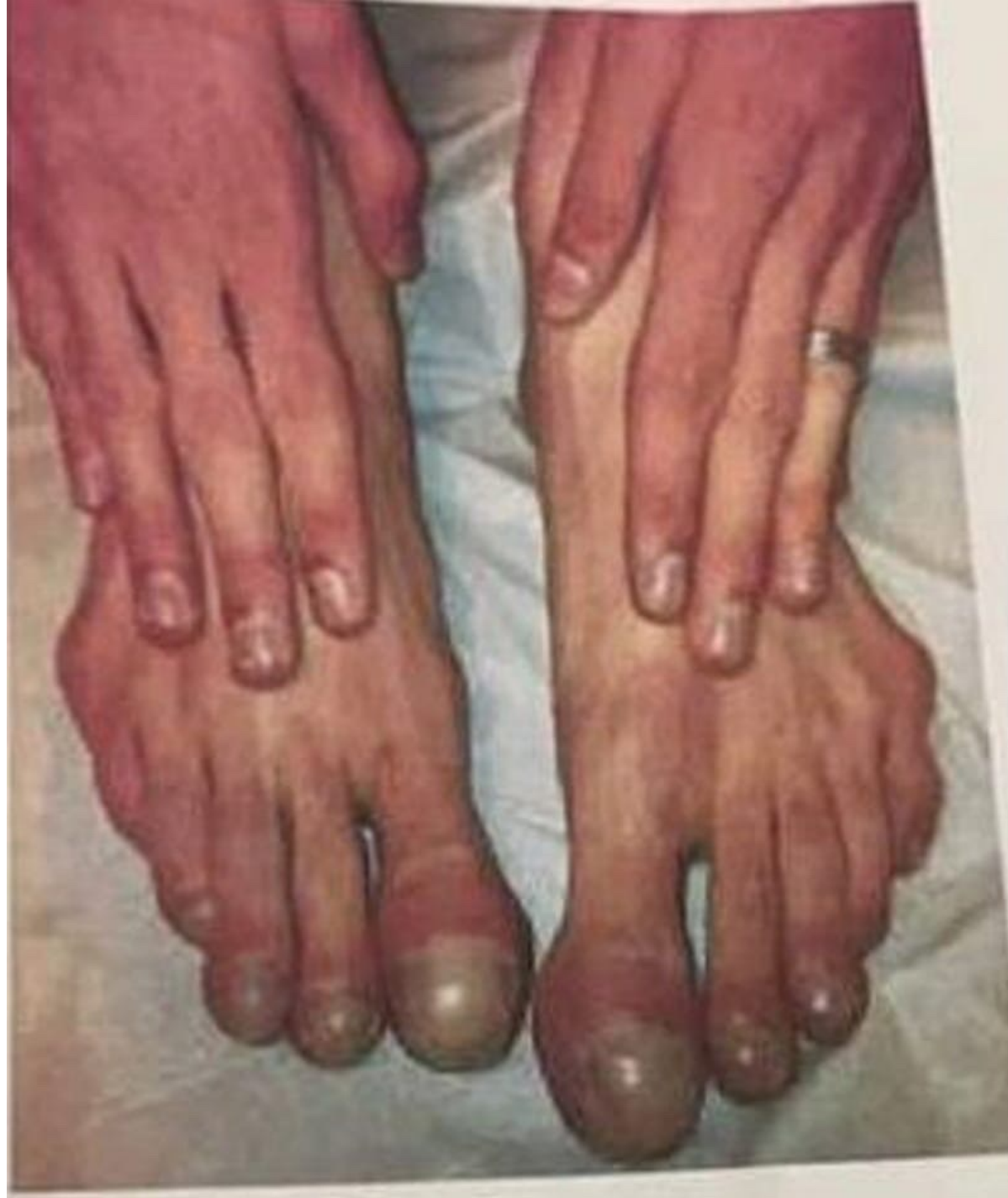
(69) 43-62

ACRO-OSTEOLYSIS
RIGHT HAND (AP & OBLIQUE)

- Note extensive destruction in the distal phalanx of right index finger
- Only base of the distal phalanx is visible on these films
- Soft tissue destruction is also noted
- Joint spaces are normal
- Appearances are in keeping with acro-osteolysis
- The underlying cause is polyarthritis nodosa

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PLEURO-PULMONARY INFECTION

CHEST PA & LT OBL

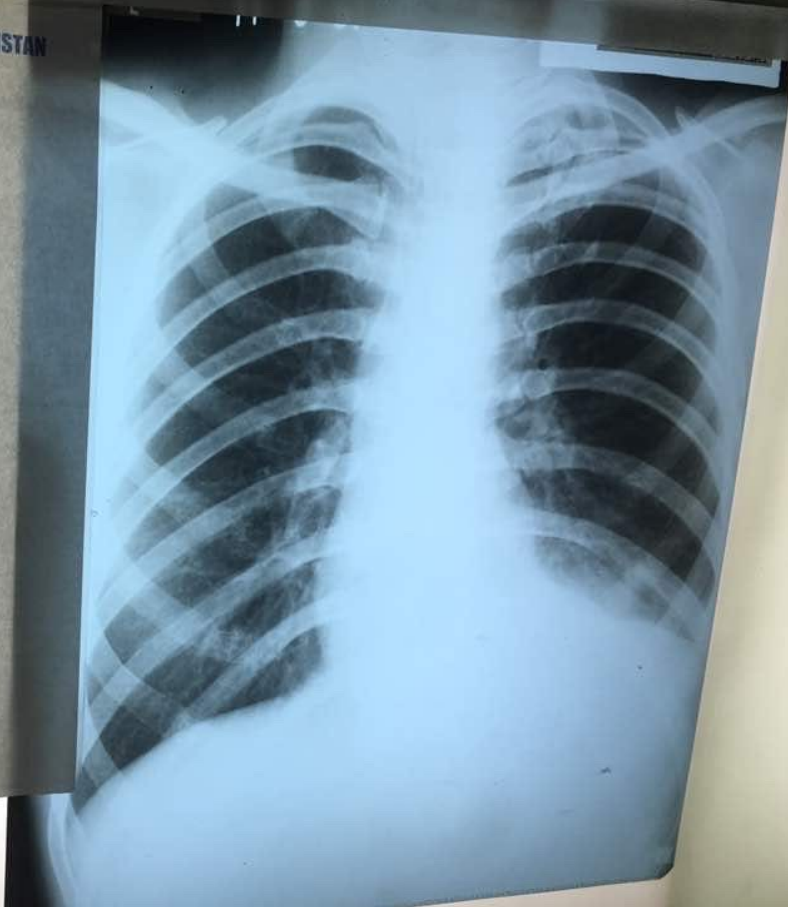
MR SADA DIN

NOTE

- ♦ Patchy consolidation is seen in left lower zone but more marked in left lower lobe.
- ♦ Pleural effusion is seen on left side.
- ♦ Hila and mediastinum are normal.

DIAGNOSIS

- ♦ Pleuro-pulmonary infection left side.



11 - 65

THALLACAEMIA
SKULL [LATERAL VIEW]

NOTE

The width between the outer and inner tables is markedly increased.
Coarse trabecular pattern of the vault bones gives the appearances of "Sun-ray" type of bony changes.

The changes are much more marked in the frontal bone, but the parietal bones are also affected.

In this condition, the occipital bone is almost always spared.

Ground glass appearances of the facial bones are due to involvement with the disease causing

increased trabecular pattern and increase in size of the bones.

The pituitary fossa is within normal limits.

DIAGNOSIS

These appearances are typically are of those of Thallacæmia with increased width of the skull tables.





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(06) 61-20

HYDATID CYST
CHEST [AP VIEW]

NOTE

- ◆ Large cavity lesion is seen in the right upper-mid lung.
- ◆ In the lower aspect of the cavity there is an ill-defined opacity also present.
- ◆ The heart is slightly pushed onto the left side.
- ◆ The right hemidiaphragm is raised.
- ◆ Appearances are in keeping with **Hydatid cyst**.
- ◆ The ill-defined opacity in the cavity is due ruptured Hydatid cyst ("Water-Lilly") sign.
- ◆ Raised right diaphragm is due to enlarged liver.
- ◆ And this due to liver involvement with the hydatid disease.



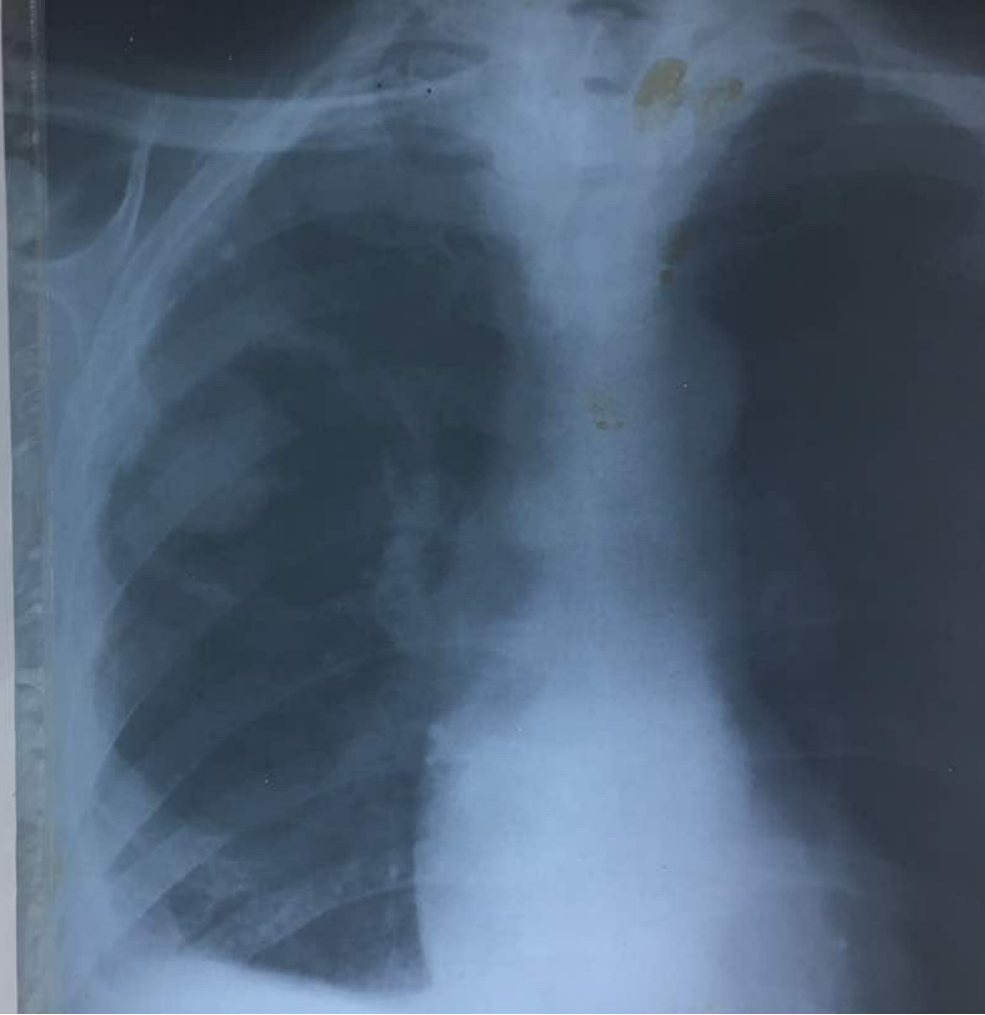
BRONCHUS

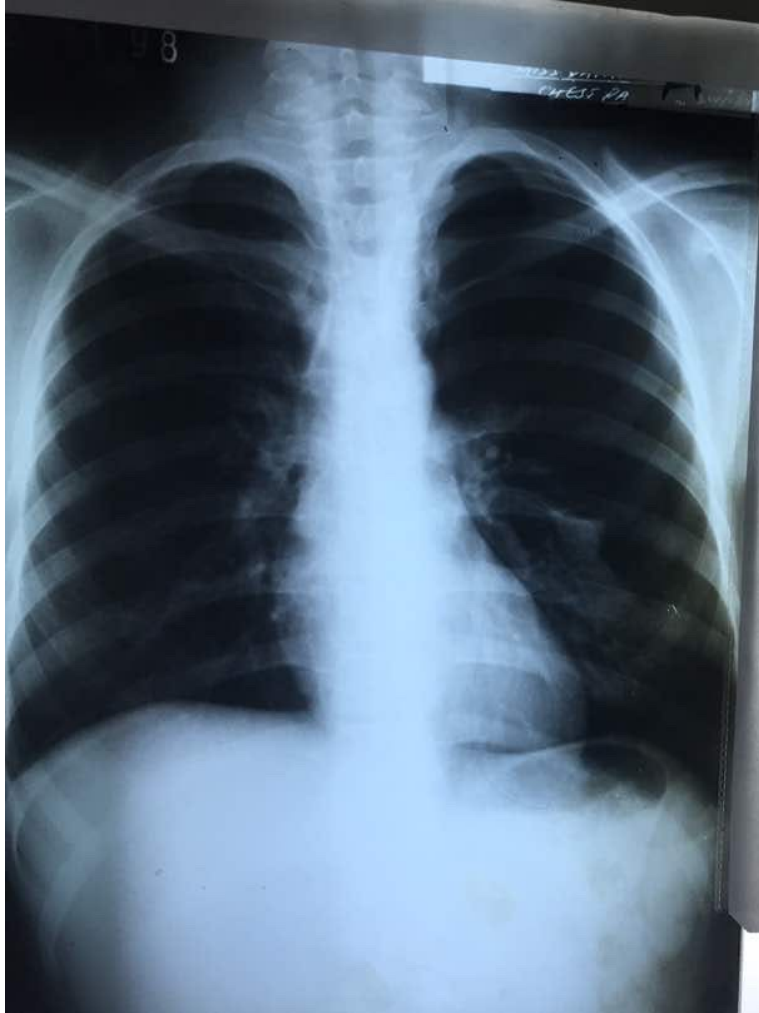
in the right upper lobe with high dependent lateral wall.

1 pleural thickening along the lateral

normal limits.

1 in a thick wall cavity the differential
is cavity





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(175) 66-73

PNEUMOTHORAX
Chest Pa View

NOTE

- Large pneumothorax is seen on the left side.
- The left lung parenchyma is pushed medially.
- No pleural effusion is seen on the left side.
- Right lung appears normal.
- No rib fracture is noted.
- Appearances are in keeping with large pneumothorax on the left side with compressed lung parenchyma.

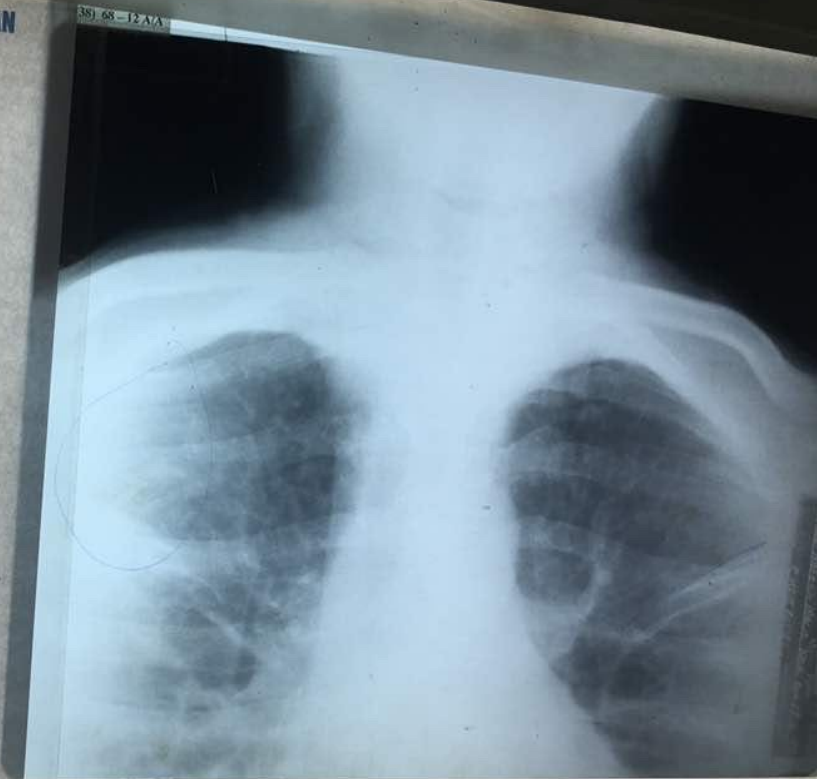
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(38) 68-12

APICAL VIEW
CHEST

NOTE

- ♦ Bilateral Apical pleural thickening.
- ♦ No mass lesion or infection seen in the apical regions.
- ♦ No bony abnormality identified.





(69) 43-62

ACRO-OSTEOLYSIS
RIGHT HAND (AP & OBLIQUE)

- Note extensive destruction in the distal phalanx of right index finger
- Only base of the distal phalanx is visible on these films
- Soft tissue destruction is also noted
- Joint spaces are normal
- Appearances are in keeping with acro-osteolysis
- The underlying cause is polyarthritis nodosa

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(201) 68 - 23

KOCH'S INFECTION

CHEST PA

MRS. SEEMA AKRAM

NOTE

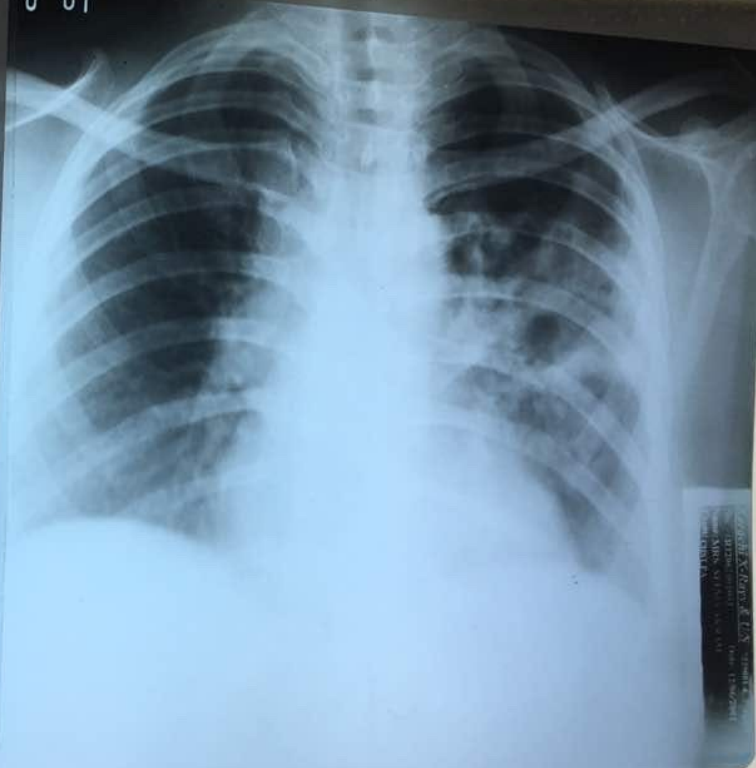
- Patchy consolidation is seen in left lung mainly in left mid zone.
- Cavity is also noted in left mid zone.
- Adenopathy is noted in right hilum and right side of mediastinum.

DIAGNOSIS

- Koch's infection left lung.
- Right hilar and mediastinal adenopathy is noted.

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6 01





OLD KOCH'S INFECTION
CHEST PA VIEW

MRS ASIFA SHEHZAD IQBAL

NOTE

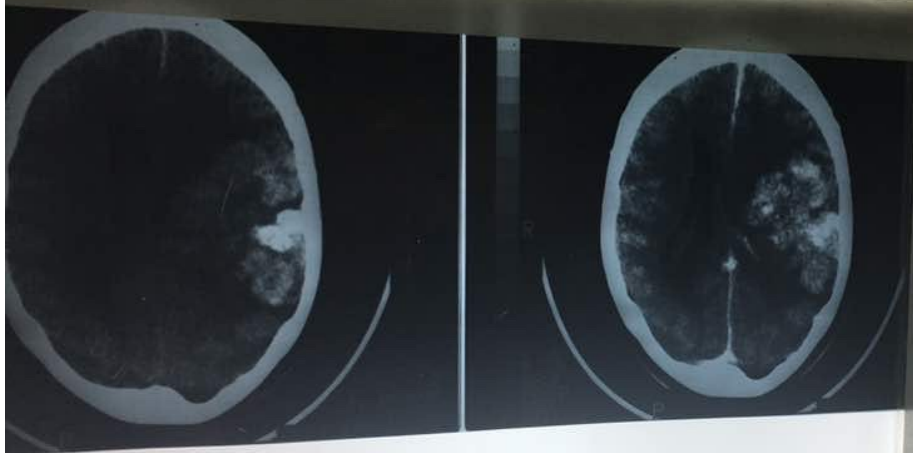
- Slight linear shadowing left upper mid zone, small calcific foci also seen.
- There is loss of lung volume seen on the left side.
- Trachea mediastinum slightly pulled to the left side.
- Left hilum is enlarged.
- Rest is normal.

DIAGNOSIS:

- Old Koch's infection with minimal fibrosis left upper lobe.

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(CT - 29) 14 - 32

CT SCAN BRAIN
PLAIN & POST CONTRAST
AXIAL IMAGES

RASHIDA BIBI 45 YEARS FEMALE

NOTE

- Large irregularly marginated fairly rounded hyperdense mass seen in the parietal region. It shows calcification with in it.
- The mass is associated with surrounding oedema.
- The mass effect is causing pressure on the body of left lateral ventricle leading to midline shift of 1.2cm towards right side.
- It shows enhancement after contrast.

Diagnosis

- Glioblastoma multiforme

D/D

- Oligodendroglioma



(258) 42 - 85

SICKLE CELL ANEMIA
RIGHT FOREARM (AP & LATERAL)

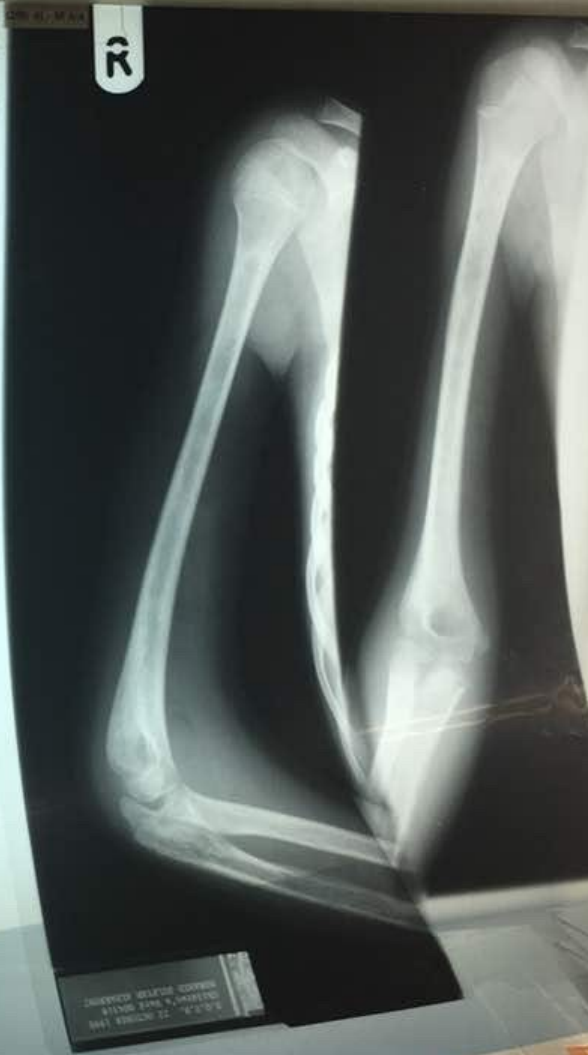
NOTE

- Patchy destruction is seen involving the proximal 2/3rd of the right ulna.
- The patchy destruction is mostly involving the medullary cavity and also extending into the cortex.
- Periosteal reaction also noted over this region.
- The lesion is extending up to the upper end of the right ulna.
- Soft tissue swelling is also noted over this lesion.
- However, joints spaces at elbow and wrist joints appear normal.
- The appearances are in keeping with SICKLE CELL ANEMIA involving the proximal 2/3rd of right ulnar shaft.
- The other differential diagnosis should include osteomyelitis.

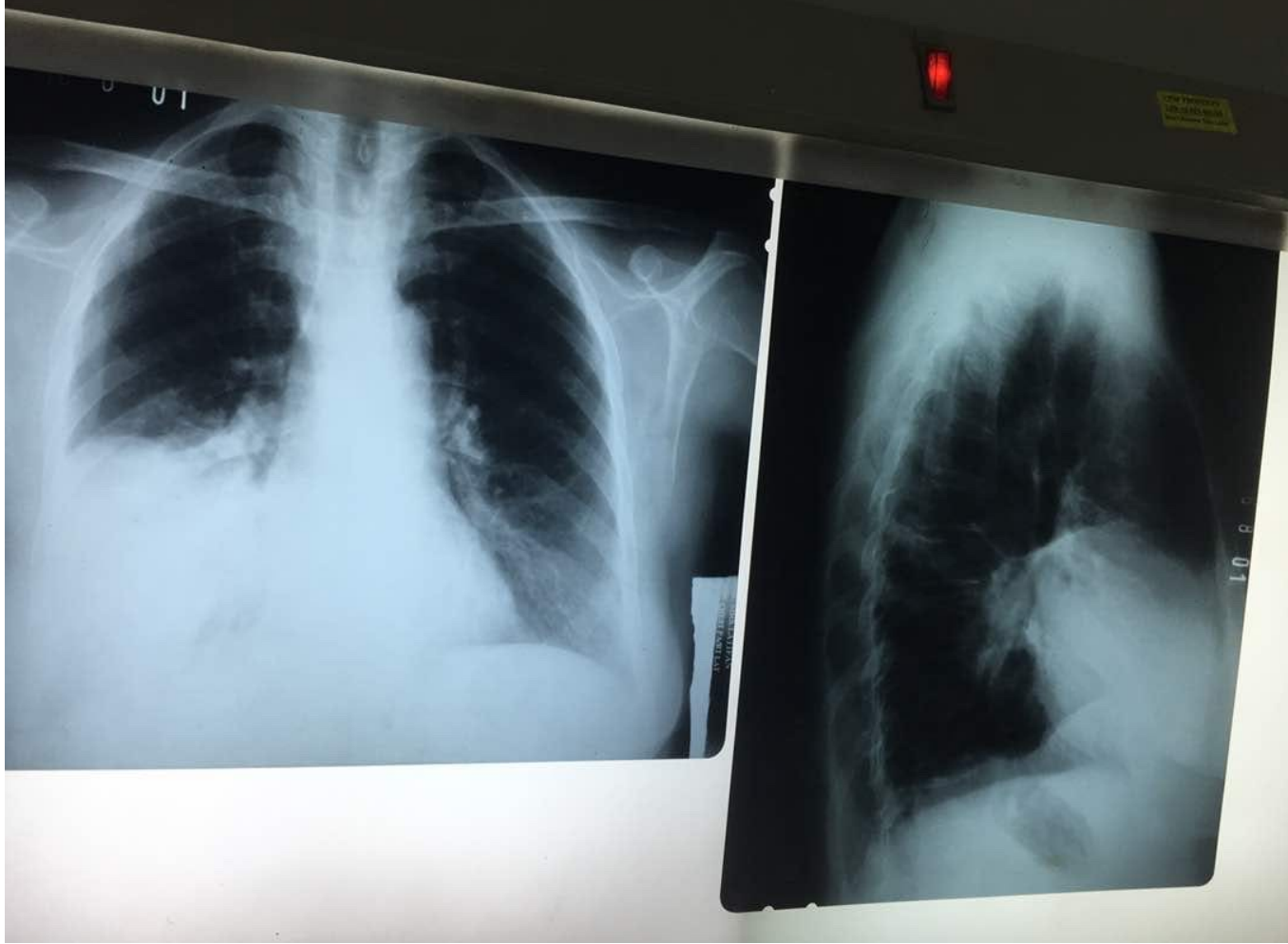
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DR. M. A. K.

R



DR. M. A. K. KOTWALA
FRCR, FRCR, FRCR
MAY 1982 22 4 27 0 5





COLLEGE OF PHYSICIANS AND SURGEONS, PAK

(RT) 44-38

**EXTENSIVE MULTIPLE MYELOMA
PELVIS INCLUDING BOTH HIPS (AP)**

NOTE

- Numerous small osteolytic lesions which are scattered throughout the both femora and pelvic bones.
- Similar lesions are also seen in the lumbar spine.
- The lesions are much more marked in the iliac blades and also in the pubic bones.
- Hip and sacro iliac joints are normal.
- Appearances are in keeping with Multiple Myeloma.
- The other differential diagnosis would be secondary deposits.

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PULMONARY KOCH'S
CHEST PA

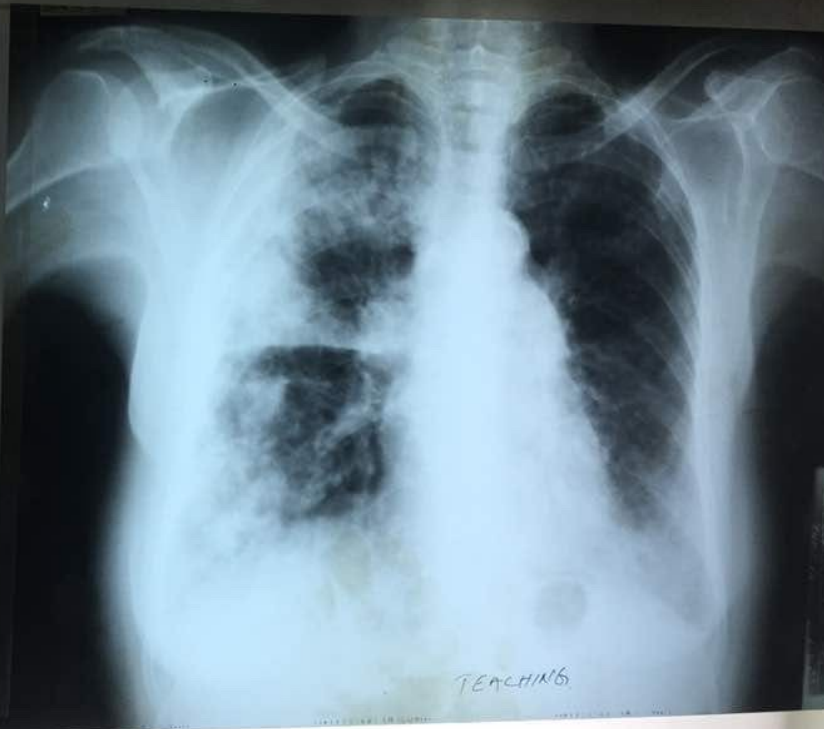
MRS. SALEHA

NOTE

- Consolidation right lung more marked right upper lobe.
- Patchy soft shadowing left lung.
- Right hilum enlarged.
- Right horizontal fissure is thickened.
- Pleural effusion right costophrenic angle.
- Rest is normal.

DIAGNOSIS:

- Pulmonary infection





(246) 68-32

LEFT HILAR MASS
CHEST PA

HADLBUX

NOTE

- Large effusion is seen in the left pleural cavity. The effusion is occupying almost whole of left hemithorax.
- The left diaphragm is obscured due to the pleural pathology.
- The mid line structures are slightly displaced onto the right due to massive effusion on the left.
- Minimal soft shadowing is seen near the left apex and also in the right lower zone.
- There is out of sign present in the left main bronchus distally.
- Rest is normal.

DIAGNOSIS:

- Left hilar mass lesion with consolidation collapse left lung and large pleural effusion.

ADVISE

- CT scan and biopsy.





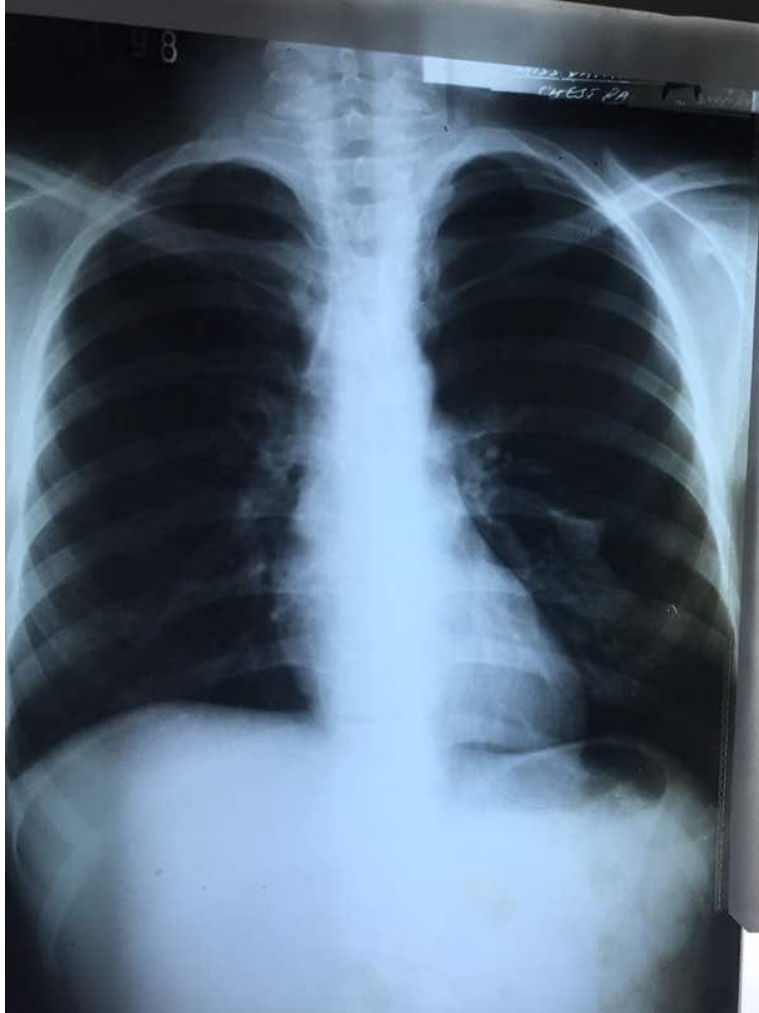


(68) 43-61

SCLERODERMA
BOTH HANDS (AP VIEW)

NOTE

- Patchy soft tissue calcification is seen.
- The calcification is in the soft tissue over the distal aspect of the left index finger and middle fingers.
- Calcification in the soft tissue is seen at the level of:
 - proximal and middle phalanges of the left middle finger
 - the soft tissue between the 3rd and 4th metacarpals of the left hand. [Calcium salt]
- Little bony resorption is also seen in the tip of:
 - the distal phalanges of left index,
 - right middle and
 - ring fingers.
- Similar but minimal changes are also seen in the distal phalanges of both thumbs.
- Soft tissue swelling is also seen over the affected regions.
- Appearances are in keeping with Scleroderma with soft tissue calcification of both hands and bony changes in most of the distal phalanges.



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(175) 66-73

PNEUMOTHORAX
Chest Pa View

NOTE

- Large pneumothorax is seen on the left side.
- The left lung parenchyma is pushed medially.
- No pleural effusion is seen on the left side.
- Right lung appears normal.
- No rib fracture is noted.
- Appearances are in keeping with large pneumothorax on the left side with compressed lung parenchyma.

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Faculty of Diagnostic Radiology



COLLEGE OF PHYSICIANS AND SURGEONS, PAK

(RT) 44-38

**EXTENSIVE MULTIPLE MYELOMA
PELVIS INCLUDING BOTH HIPS (AP)**

NOTE

- Numerous small osteolytic lesions which are scattered throughout the both femora and pelvic bones.
- Similar lesions are also seen in the lumbar spine.
- The lesions are much more marked in the iliac blades and also in the pubic bones.
- Hip and sacro iliac joints are normal.
- Appearances are in keeping with Multiple Myeloma.
- The other differential diagnosis would be secondary deposits.

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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(72) 43-71

RHEUMATOID ARTHRITIS

Both Hands (AP)

NOTE

- Extensive erosions are seen in the radio-carpal, intra-carpal and carpo-metacarpal articulations.
- The erosions are mostly along the articular and juxta-articular aspect.
- Marginal and juxta cortical erosions are also seen along the metacarpophalangeal articulation of left 2nd, 3rd, 4th and right 3rd metacarpophalangeal joints.
- Little soft tissue swelling is seen over the proximal interphalangeal joints of both hands.
- Bones are little porotic.
- Joint spaces along the radio-carpal, inter-carpal and carpo-metacarpal articulations are narrowed.
- Similar changes are also seen in the affected joints of metacarpophalangeal joints on both sides.
- Little soft tissue swelling is seen over the both wrists.
- Apperances are in keeping with **Rheumatoid Arthritis** involving both wrists and most of the metacarpophalangeal articulation on both sides.

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PLEURO-PULMONARY INFECTION

CHEST PA & LT OBL

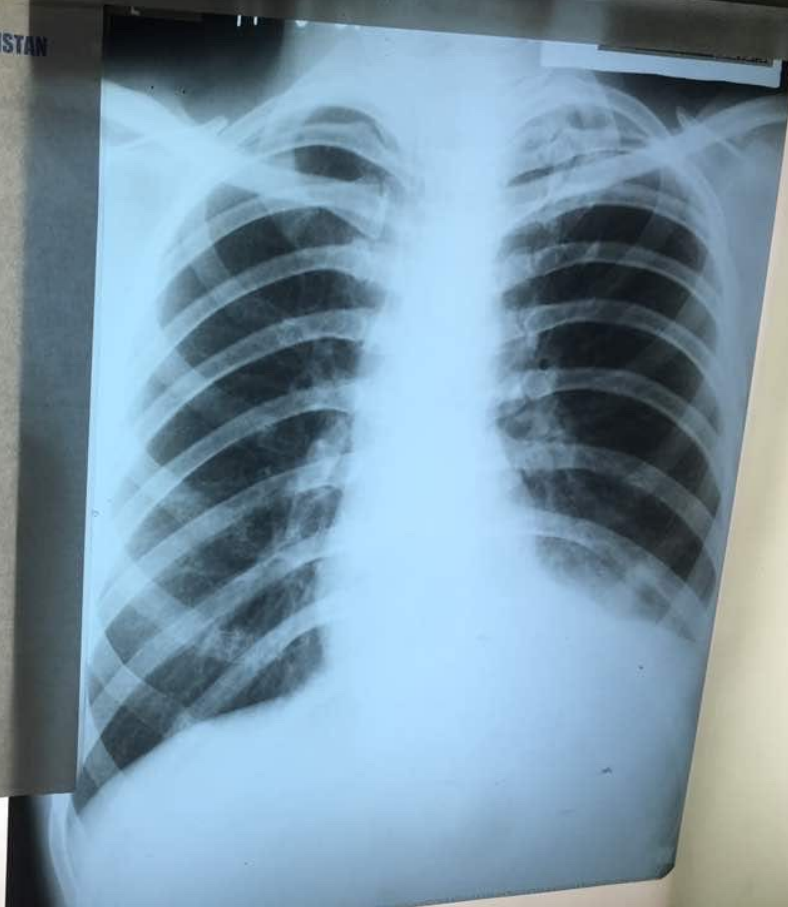
MR SADA DIN

NOTE

- ♦ Patchy consolidation is seen in left lower zone but more marked in left lower lobe.
- ♦ Pleural effusion is seen on left side.
- ♦ Hila and mediastinum are normal.

DIAGNOSIS

- ♦ Pleuro-pulmonary infection left side.





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(211) 88-23

CHEST
PA VIEW

MRS. AMEER JEHAN SALAHUDDIN
12-10-02

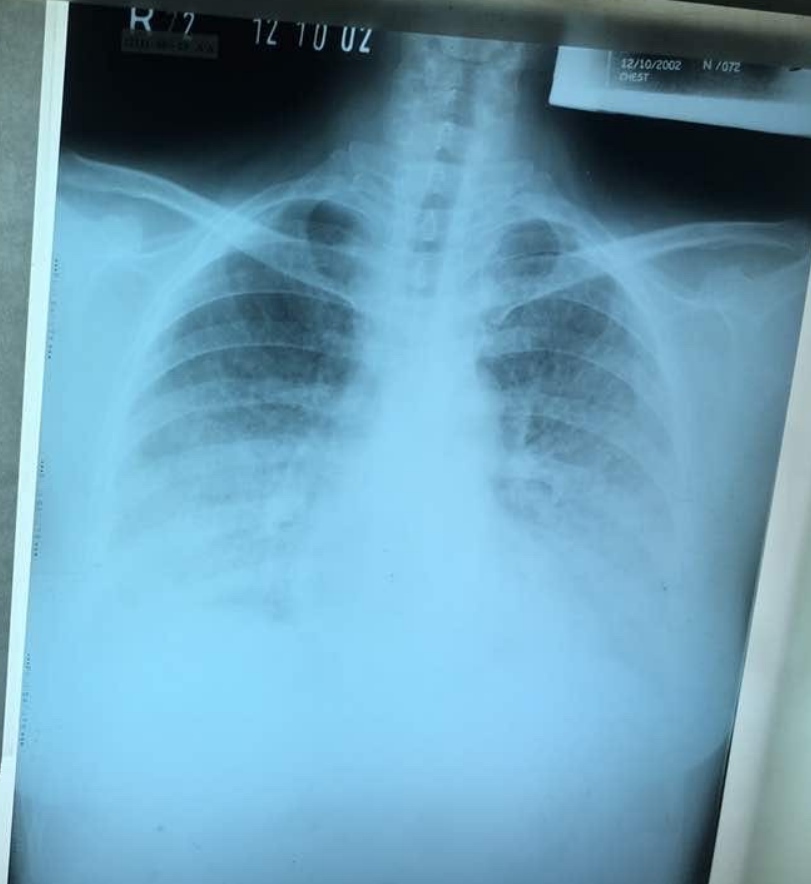
NOTE

- Fine reticulo nodular shadowing seen diffusely present in both lungs, more marked mid lower zones.
- No converging hilar and mediastinum adenopathy.
- Heart size upper limits of normal.
- CT ratio is 50%.
- No pleural effusion.
- Normal rib cage.

IMPRESSION

- Appearance raises differential diagnosis:
 1. Infection this may be Tuberculous or Non Tuberculous.
 2. Pulmonary edema.

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(175) 43-53

PSEUDOHYPOPARATHYROIDISM
BOTH HANDS (AP VIEW)

NOTE

- Disproportionate shortening of the metacarpals and phalanges of both hands
- The shortening of the metacarpals and phalanges is not symmetrical
- These are typical appearances of Pseudohypoparathyroidism.
- These patients may show calcification in the Basal Ganglia and other parts of the brain
- They also show thickening of the calvaria and abnormal dentition



209



PNEUMOTHORAX
CHEST PA

MR. BASHARAT UMAR FAYYAZ

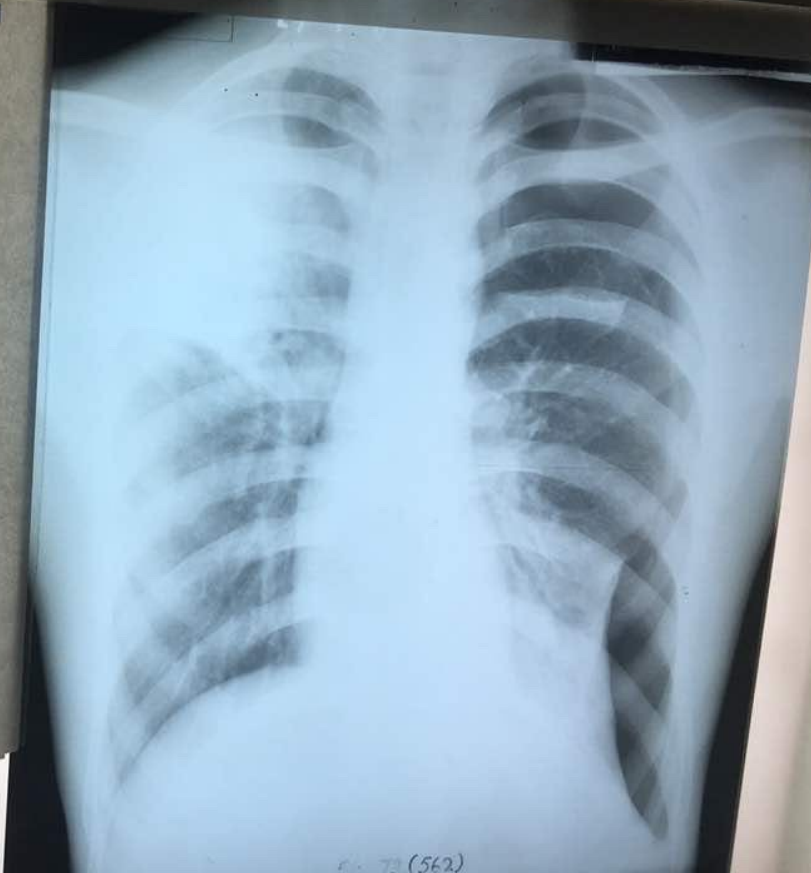
NOTE

- ♦ Patchy consolidation, collapse seen in right upper lobe.
- ♦ Consolidation also seen left lower lobe.
- ♦ Pneumothorax seen on the left side.
- ♦ Normal rib cage.
- ♦ Rest is normal.

DIAGNOSIS:

- ♦ Infection right upper lobe and left lower lobe.
- ♦ Pneumothorax on the left side.

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68-73 (562)

(60) 43-52

ACROMEGALY
RIGHT HAND AND ELBOW (AP)

NOTE

- The bones of right hand and elbow are large
- Trabecular pattern is slightly coarse as well
- The soft tissue over the hand and elbow is also prominent
- The tips of the distal phalanges show slight widening and give the appearances of "arrow-head".
- Secondary degenerative changes are seen in the carpo-metacarpal and metacarpo-phalangeal articulations.
- Soft tissue swelling is seen over the elbow and proximal intra-phalangeal joints.
- The overall appearances are those of **Acromegalic** changes in the right hand and elbow

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HEALING KOCH'S INFECTION
CHEST PA

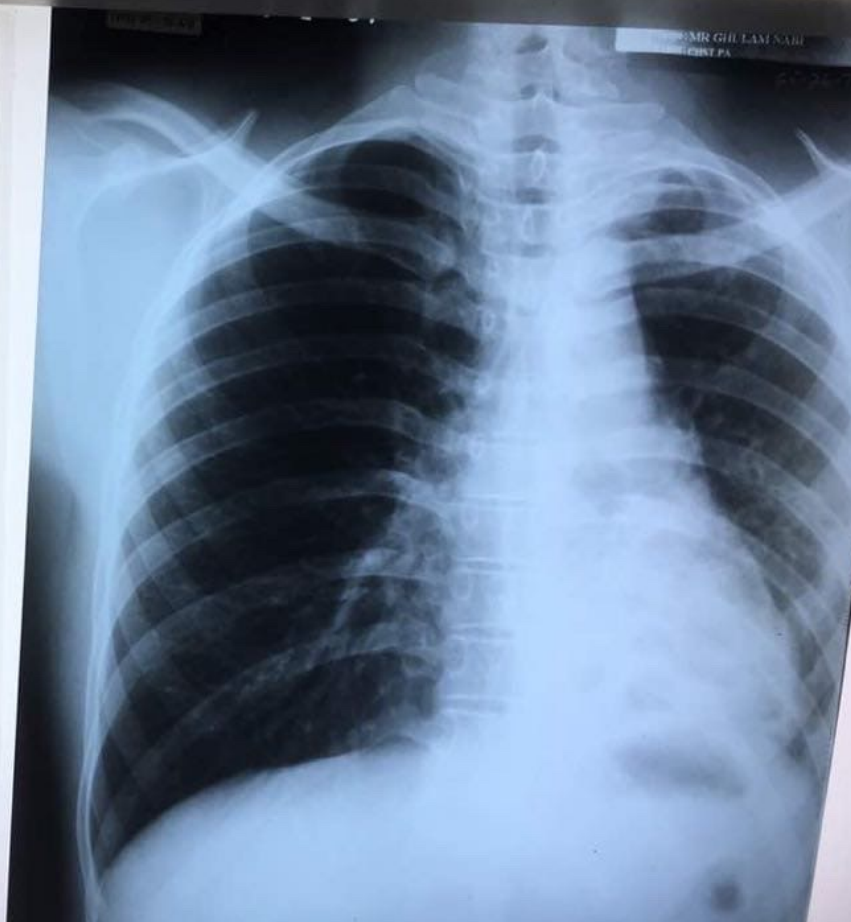
SHUAM NABI

NOTE

diffuse soft shadowing seen throughout left lung.
secondary bronchiectatic changes seen in the left zone.
there is loss of lung volume seen on the left side with heart, trachea, mediastinum are pulled to the left side.
pleural thickening seen in the left apex and left costophrenic angle.
bronchitic change seen both lungs.
normal heart diameter.
normal rib cage.

CONCLUSION:

Healing Koch
infection seen in left lung, which shows improvement since the examination of 5-1999.
secondary bronchiectatic changes seen on the left side, which have deteriorated since the previous examination.
changes in the right lung shows remarkable improvement since the previous examination.
bronchitic changes seen both lungs.
heart size normal.





COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

(62) 43-53

SHORT METACARPALS
BOTH HANDS (AP VIEW)

NOTE

- in both hands
- The 4th and 5th metacarpals on the left side are short
- On the right side the 3rd and 5th metacarpals are short
- The fingers are also short due to shortening of the metacarpals
- No other abnormality is seen
- Bone and soft tissue density are normal
- Appearances are in keeping with congenital anomaly showing short metacarpals